



2024–25 Dependent Student Verification Worksheet

Your 2024–25 Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. To verify that you provided correct answers on the FAFSA, we will compare your answers with the information on this worksheet, and any other required documents. If there are differences, we may need to correct the information that was reported. Please complete and sign this worksheet, attaching any required documents, and continue to monitor Self-Service to avoid missing additional document requests. If you have any questions about verification, please contact our office to avoid processing delays.

Student's last name	Student's first name	Student's QU ID#
Student's street address (include apt. no.)	Student's home phone number	
City	State	Zip
Student's cell phone number		

To avoid processing delays, COMPLETE THE FAMILY GRID IN FULL

List all members living in your household. Include:

- The student
- The student's parents, even if the student is not living with them. Exclude a parent who was died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment).
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents between July 1, 2024, through June 30, 2025.
- Other persons if the following are true:
 - They live with the student's parents.
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents between July 1, 2024, through June 30, 2025.
- If applicable, include the college or university name for any household member, excluding parents, who will be enrolled at least half time in a degree, diploma or certificate program at an eligible postsecondary educational institution any time between July 1, 2024, through June 30, 2025.

Full name (List all household members)	Age	Relationship	College name (or N/A if not applicable)	Will be enrolled at least half time between 7/1/24–6/30/25
		<i>Self</i>		

Certification and Signatures

Each person signing this worksheet certifies that ALL of the information reported is complete and correct.
Note: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.
 The student and one parent whose information was reported on the FAFSA must sign and date.

Student's signature (required)	Date
Parent's signature (required)	Date

Please mail, email, upload to our secure document portal, or fax this signed and dated worksheet to the Office of Undergraduate Financial Aid listed above.