



Recertification of Dependency Status for Renewal Students

2024 – 2025

Name: _____ ID# _____
Please print

Address: _____

Telephone #: _____ Email Address: _____

For the prior academic year, your financial aid status was evaluated and your FAFSA application was processed with you listed as an independent student.

To complete evaluation for financial aid for the current year, we must document that your extenuating circumstances have not changed. Please describe the initial event leading to your independent status and your current living situation. Additional pages may be attached as needed.

Student Signature

Date