



2017 – 2018 Independent Student Verification Form

STUDENT NAME: _____

OSU ID: _____

FAMILY INFORMATION

Number of Household Members: Please list below the people in your household.

Include:

- Yourself
• Your spouse (if you are married)
• Your children if you will provide more than half of their support from July 1, 2017 through June 30, 2018
• Other people if they now live with you and you provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2018

Number in College: Include in the chart below the name of the college for any household member 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, 2017 - June 30, 2018.

Table with 5 columns: Full Name of ALL Household Members, Date of Birth, Relationship to Student, College Name, and Enrolled at Least Half-Time (Yes/No). Rows 1-7.

If more space is needed, attach a separate page with the student's name and OSU ID number.

SIGNATURE

By signing you are certifying that all the information reported on this form is complete and correct. PLEASE DO NOT SIGN ELECTRONICALLY.

Student Signature

Date

F8SVER

To return this form:

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264 Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300