

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form online, by mail, or in person.**

ONLINE TO:

z.umn.edu/FA-upload

BY MAIL TO:

UMD Office of Financial Aid & Scholarships
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services

23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

DEPENDENCY STATUS CERTIFICATION

RETURN FORM:

ONLINE TO: z.umn.edu/FA-upload

BY MAIL TO:

UMD Office of Financial Aid and Scholarships
1049 University Drive
Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired): 800-627-3529
Email: umdhelp@d.umn.edu

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Student information		
Last name	First name	Middle
Student ID number	U of M e-mail @d.umn.edu	
Dependency information		
<p>For each question, check the box to indicate your answer.</p> <p>You have children or other people (excluding your spouse) who live with you and receive more than half of your support from you now and between July 1, 2024, and June 30, 2025. <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ATTACH documentation of your dependents.</p> <p>Was your father (biological or adoptive) deceased when you were 13 years of age or older?..... <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ATTACH certificate of death.</p> <p>Was your mother (biological or adoptive) deceased when you were 13 years of age or older?..... <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ATTACH certificate of death.</p> <p>At any time since you turned age 13, were you in foster care? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ATTACH documentation from your social worker or a court of law.</p> <p>At any time since you turned age 13, were you a ward of the court? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ATTACH documentation from a court of law or a letter from your county social worker.</p> <p>Are/were you a legally emancipated minor as determined by a court in your state of residence? (Not emancipated due to parents' divorce.)..... <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ATTACH documentation from a court of law in your state of legal residence.</p> <p>Are/were you in a legal guardianship with someone other than your parent or stepparent, as determined by a court in your state of residence? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ATTACH documentation from a court of law in your state of legal residence.</p>		
Student certification		
<p>You must sign this form certifying that the information you provided is complete and correct. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered. If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.</p>		
Student signature		Date



To request copies of this form in an alternative format: 218-726-8000.
UMD is an equal opportunity employer and educator.