

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.

CORRECTION TO FAMILY SIZE—DEPENDENT

LVDCFS

List the people whom your parents will support between July 1, 2024 and June 30, 2025.

Include:

- **Yourself**
- **Your parent(s) and/or stepparent(s) and**
- **Your parent’s/s’ or stepparent’s/s’ dependent children** if they live with them (or if they live apart due to college enrollment) and your parents provide more than half their support, and will continue to provide more than half their financial support from July 1, 2024 through June 30, 2025.
- **Include other people** only if they now live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2024 through June 30, 2024.

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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—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	

Why did you make a correction to family size?

- Error on the original 2024–2025 Free Application for Federal Student Aid (FAFSA) application
- Change in family size which occurred after the original FAFSA application was signed
- Error made on the original Dependent Family Size worksheet

Explanation:

Full name of family member. If there are more than seven family members, please attach an additional list with their needed information.	Age	Relationship to student (parent, sister, brother, etc.)
1. Student (above)	XXXXXX	Self
2.		Parent 1
3.		Parent 2
4.		
5.		
6.		
7.		

Certification

I certify that all information provided is true and correct to the best of my knowledge.

Student signature	Date
Mother/stepmother signature	Date
Father/stepfather signature	Date



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