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 (xxxxxxxx@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/NUMBER IN COLLEGE WORKSHEET INDEPENDENT STUDENT

LVICFS

List the people whom you and your spouse will support between July 1, 2023 and June 30, 2024. Include:

- **Yourself**
- **Your spouse and**
- **Your dependent children** if you or your spouse will provide more than half of their support from July 1, 2023 through June 30, 2024.
- **Include other people** only if they now live with you, and you or your spouse will provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Count yourself as a college student even if you will attend college less than half time in 2023–2024. Include others only if they will attend at least half time in 2023–2024 in a program that leads to a college degree or certificate.

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.

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

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 and/or number in college on your Student Aid Report (SAR)?

☐ Error on the original *2023–2024 Free Application for Federal Student Aid (FAFSA)* application

☐ Change in family size or number in college which occurred after the original *FAFSA* application was signed

☐ Error made on the original Independent Verification 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 (spouse, sister, brother, etc.)	If this person will be admitted into a degree or certificate program at a post-secondary institution (college) and enrolled at least half-time in 2023-2024, the information below is *required*
			Name of college
1. Student (above)	XXXXXX	Self	University of Minnesota Duluth
2.			
3.			
4.			
5.			
6.			
7.			

Certification
I (we) certify that all information provided is true and correct to the best of my (our) knowledge. (Both student and spouse signatures are required if data for both was used on the FAFSA.)

Student signature	Date
Spouse signature	Date

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

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