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

IN PERSON ON CAMPUS TO:
One Stop Student Services
23 Solon Campus Center

BY MAIL TO:
UMD Office of Financial Aid & Scholarships
1049 University Drive
Duluth MN 55812-3011

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.

FAMILY SIZE—DEPENDENT

LVDFS

List members in your parent's family size. **If your biological parents are divorced, ONLY report information for the parent who provided you with the most support over the past 12 months. If that parent has remarried, you must also include your stepparent.** Even if you do not live with your parents or parent, you must report parent family size information.

Eligible family size members include the following:

- **Yourself**
- **Your parent(s) (including a stepparent if your biological parents are divorced and your custodial parent has remarried, or if your parent is widowed and has remarried).**
- **Your parents' other 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.
- **Other people**, if they now live with your parents and your parents provide more than half of their support, and they will continue to receive more than half their financial support from your parents from July 1, 2024 through June 30, 2025.

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.

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Duluth MN 55812

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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

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)		Parent 1
3. (Parent)		Parent 2
4. (Brother/sister/other)		
5. (Brother/sister/other)		
6. (Brother/sister/other)		
7. (Brother/sister/other)		

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.
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