

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](https://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](https://studentprivacy.ed.gov).

**No need to print this cover page.**

**FAMILY SIZE—INDEPENDENT**

**LVIFS**

**List members in your family size.**

**Eligible family size members include the following:**

- **Yourself**
- **Your spouse**
- **Your dependent children** if they live with you (or if they live apart due to college enrollment) and you provide more than half of their support and will continue to provide more than half of their financial support from July 1, 2024 through June 30, 2025.
- **Other people** only if they now live with you, and you or your spouse provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

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**QUESTIONS?**

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

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, child, etc.)
1. Student (above)	XXXXXX	Self
2. (Spouse)		Spouse
3. (Child/other)		
4. (Child/other)		
5. (Child/other)		
6. (Child/other)		
7. (Child/other)		

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



To request copies of this form in an alternative format: 218-726-8000.  
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