

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 by mail or in person.**

**BY MAIL TO:**

Office of Financial Aid and Scholarships  
University of Minnesota Duluth  
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](http://studentprivacy.ed.gov).

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

**CORRECTION TO FAMILY SIZE/NUMBER IN COLLEGE WORKSHEET  
DEPENDENT STUDENT**

**LVDCFS**

List the people whom your parents will support between July 1, 2019 and June 30, 2020. Include:

- **Yourself**
- **Your parent(s) and/or stepparent(s) and**
- **Your parent's/s' or stepparent's/s' dependent children** if (a) your parents will provide more than half of their support from July 1, 2019 through June 30, 2020, or (b) those children would be required to give parental information when applying for federal aid.
- **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, 2019 through June 30, 2020.

Count yourself as a college student even if you will attend college less than half time in 2019–2020. Include others only if they will attend at least half time in 2019–2020 in a program that leads to a college degree or certificate. **Do not include your parents as college students.**

**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:**

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**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 question 73 and/or 74 on your Student Aid Report (SAR)?

- Error on the original 2019–2020 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 Dependent 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 (parent, 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 2019–2020, the information below is <b>required</b> |
|--|--------|---|--|
|  |        |   | Name of college  |
| 1. Student (above)   | XXXXXX | Self  | University of Minnesota Duluth   |
| 2.   |        | Parent 1  | <b>Parents/stepparents cannot be included as college students.</b>   |
| 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 |
| Parent 1 signature   | Date |
| Parent 2 signature   | Date |



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