



2024-2025
Dependent Student Family Size

Please Use Black or Blue Ink

Student Legal Name:

OSU Student ID (A plus 8 digits)

Your application was selected for review, or "verification." We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form. Please complete the entire form and sign on page 2. Incomplete forms will be returned to you. No determination of aid eligibility can be made until all requested documents are received and reviewed.

ALERT: You will see "CONTRIBUTOR(S)" throughout this form which refers to the parent(s) that you used on the FAFSA application. Remember, The following people are NOT considered your "parent(s)" unless they have legally adopted you: grandparents, foster parents, legal guardians, older brothers and sisters, and uncles or aunts.

I. Contributor(s):

- List your contributor(s) as indicated on the FAFSA
o If your contributor is remarried, include the contributor's spouse/partner as you did on the FAFSA.
o If your contributor is unmarried and both legal parents are living together, both must be listed as contributors as they were on the FAFSA.

Table with 3 columns: Contributor(s) Full Legal Name(s), Age, Relationship to Student

II. Contributor(s)' Children or Other Dependents:

List your contributors' (as listed above) dependent children (even if they live apart because of college enrollment), and other people living with the parent now. Include these dependent children and other people only if the parent will provide more than half of their support between July 1, 2024, and June 30, 2025.

Table with 3 columns: Full Legal Name of Contributor(s)' Other Children and Other Dependents who meet the definition above, Age, Relationship to Student

If you need more space, attach a separate page.

Student Legal Name

Student OSU Student ID

Certification/Signature:

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

Student's Signature *(Stylus or ink pen only)*

Date

Contributor's Signature *(Stylus or ink pen only)*

Date

Printed Legal Name of Contributor Who Signed Above

Street Address

City

State

Zip

Return to:

Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061

Fax: (405) 744-6438 *(if you fax, please do not mail the form)*

Questions?

Email: finaid@okstate.edu

Phone: (405) 744-6604

Web: financialaid.okstate.edu