



UNIVERSITY OF ALASKA FAIRBANKS  
 FINANCIAL AID OFFICE  
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FA VERDEP  
 18-19

## 2018-2019 VERIFICATION OF DEPENDENCY STATUS

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Student ID

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Phone

Your 2018-2019 FAFSA indicates that you are an independent student because you answered “yes” to one of the dependency questions below. Our office must verify this information before determining your eligibility for federal student aid.

Please check the box next to the situation that describes your circumstances and follow the instructions in the next column. If necessary, the Financial Aid Office may request additional materials beyond those described in the instructions.

Condition		Instructions
<input type="checkbox"/>	Both of my biological or adoptive parents are deceased.	Attach copies of death certificates, newspaper obituaries, or funeral/memorial service materials for both your parents.
<input type="checkbox"/>	I was/am a ward of the court or placed in foster care after the age of 13.	Attach court documentation or a letter from your caseworker or similar social services official confirming your ward of the court or foster care status.
<input type="checkbox"/>	I was/am an emancipated minor as determined by a court in my state of legal residence.	Attach court documentation confirming that you were/are an emancipated minor.
<input type="checkbox"/>	I was/am in a court-appointed legal guardianship in my state of legal residence.	Attach court documentation confirming that you were/are in a court-appointed legal guardianship in which guardianship was granted to someone other than your biological or adoptive parent in your state of legal residence.
<input type="checkbox"/>	I answered the FAFSA incorrectly and none of these conditions apply to me.	Update your 2018-2019 FAFSA by changing the dependency questions to "no." You will then be required to include parental information and signature on your FAFSA. <b>Note:</b> If you have other circumstances that prevent you from including parent information on your FAFSA, please refer to the Request for Dependency Override form or speak to a financial aid advisor.

**CERTIFICATION:** By signing this document, I certify that the submitted information is true and correct to the best of my knowledge. I understand that intentionally providing false or misleading information on this form may result in denial or revocation of financial aid, fines, and/or imprisonment.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date