



Office of Student Financial Aid and Scholarship Services  
 MSC 5100  
 New Mexico State University  
 P. O. Box 30001  
 Las Cruces, NM 88003-8001  
 Phone: 505-646-4105  
 Toll Free: 877-278-8586

## Independent/Underage Certification of Dependent Support 2007 – 2008

\_\_\_\_\_  
 Student's Name (Please Print)

\_\_\_\_\_  
 Banner ID Number

List below any dependents who receive **more than half** of their support from you **and who will continue** to receive this support through out the 2007 – 2008 academic year.

**NOTE: Only one individual and that individual's spouse can report support of the dependents listed below for financial aid purposes.**

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the following as it appears on the child's birth certificate. If the child has not yet been born, you will need to provide a doctor's note with the expected due date.

\_\_\_\_\_  
 Mother's Name

\_\_\_\_\_  
 Father's Name

\_\_\_\_\_  
 Child's Name

\_\_\_\_\_  
 Child's Date of Birth

**This information is true and complete to the best of my knowledge.**

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

\_\_\_\_\_  
 Date