

University Financial Aid and Scholarship Services

2024-25 Family Size Verification Form

Student:		Aggie ID:		
LAST	FIRST	MI		
Email:		Phone:		
of individuals listed and that the information pro	s in the process of reviewing your FAFSA applicated claimed on the IRS tax return. Please completed in the IRS tax return. Please completed in the process of the process o	e and submit this form to the porting your family size, onle	ne Financial Aid office to validate y include individuals who receive	
with you AND will receive	rs or other individuals (such as your adult sibling to more than half their financial support from acome carefully before claiming that you or you	you, or your parents if you	are a dependent student. Pleas	
enrollment), and any oth	nt student, list yourself, your spouse, any deper er individuals currently living with you. Include t upport from July 1, 2024, to June 30, 2025.			
reside separately due to	student, include yourself, your parent(s) (and college enrollment), and any other individuals of the parent will provide more than half of the	currently residing with the p	arent. Include these dependent	
N	Name of Family Member	Relationship to Student	Date of Birth	
		Self		
parent must sign (for de	certify that all the information reported on the pendent students). WARNING: If you purposely to jail, or both. HANDWRITTEN SIGNATURES	give false or misleading inf		
Student:			Date:	
Parent (dependent stud	dents only):		Date:	

Please return this form to the Financial Aid Office at your primary campus.