

Parent's signature (required)

Office of Undergraduate Financial Aid 275 Mount Carmel Avenue | Hamden, CT 06518-1908 Phone: 203-582-8750 or 800-462-1944 | Fax: 203-582-4060 finaid@qu.edu | qu.edu | qu.edu/upload



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2023-24 Dependent Student Verification Worksheet

Your 2023–24 Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. To verify that you provided correct answers on the FAFSA, we will compare your answers with the information on this worksheet, and any other required documents. If there are differences, we may need to correct the information that was reported. Please complete and sign this worksheet, attaching any required documents, and continue to monitor Self-Service to avoid missing additional document requests. If you have any questions about verification, please contact our office to avoid processing delays.

Student's last name	S	Student's first name		Student's QU ID#	
Student's street address (include apt. no.)				Student's home phone number	
City		tate	Zip	Student's cell phone number	
 Your parent(s), including a stepparent if Your parent(s)' other children if your pa would be required to provide parental in even if the children do not live with you Other people if they now live with your their support through June 30, 2024. If applicable, include the college or univor certificate program at an eligible post 	rent(s) will p nformation il nr parent(s). parent(s) an ersity name	orovide more than half they were completing d your parent(s) provi for any household mer	f of their support from July 1, 202 g a FAFSA for 2023–24. Include of de more than half of their suppor mber, excluding parents, who will	children who meet either of these stand t and will continue to provide more the be enrolled at least half time in a degre	dards, an half of
Full name (List all household members)	Age	Relationship	College name (or N/not applicable)	-	
(2.o. all library)		Self	посирупочине,		, 00, 2 :
Certification and Signatures Each person signing this worksheet certifi Note: If you purposely give false or misle				d to jail or both.	

Please mail, email, upload to our secure document portal, or fax this signed and dated worksheet to the Office of Undergraduate Financial Aid listed above.

Date