

Spouse's signature (required, if married)

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 Independent 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	;	Student's first name		Student's QU ID#	
Student's street address (include apt. no.)			Stuc	Student's home phone number	
City	State		Zip Stud	dent's cell phone number	
<ul> <li>Your self.</li> <li>Your spouse, if you are married.</li> <li>Your children, or your spouse's children, even if the children do not live with you.</li> <li>Other people living with you for whom</li> <li>Include the name of the college for any</li> </ul>	you will prov	vide more than half of t	their support and will continue to do	so through June 30, 2024.	
	•	. ,			
postsecondary educational institution a Full name (List all household members)	Age	Relationship	College name (or N/A if not applicable)	Will be enrolled at least half time between 7/1/23-6/30/24	
Full name	•	. ,	College name (or N/A if	Will be enrolled at least half	
Full name (List all household members)	Age	Relationship	College name (or N/A if not applicable)	Will be enrolled at least half time between 7/1/23-6/30/24	
Full name (List all household members)	Age	Relationship	College name (or N/A if not applicable)	Will be enrolled at least half time between 7/1/23-6/30/24	
Full name (List all household members)  Marty Jones (example)	Age	Relationship	College name (or N/A if not applicable)	Will be enrolled at least half time between 7/1/23-6/30/24	
(List all household members)	Age 28 ted on this w	Relationship  Spouse Self  vorksheet is complete a	College name (or N/A if not applicable)  Central University  and accurate.	Will be enrolled at least half time between 7/1/23-6/30/2	

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