Dependent Verification Form

	Submit securely online:		Deliver in person:	
	ksu.edu/sfa/upload		119 Anderson Hall 919 Mid-Campus Drive North	
			N	lanhattan, Kansas 66506-0107
Student's Name (Last, First, MI)			Wildcat	Identification Number
Student's K-State Email Address			Student	r's Phone Number
Verification ensures the data reporte documentation required for verifica to utilize KSIS to view their Tasks tile	tion can vary depe	ending on each stude	nt's uniqu	e application. Students are encouraged
Family Information				
Please list all members of your family	y, including:			
 Yourself, even if you do not live v 				
 Your parent(s)/step-parent if they Do not include a parent not live 				
•	_	•		ce. arents from July 1, 2024 through June 30, or federal financial assistance.
•				
 Do not include children for wl Other people, if they now live wit continue to do so from July 1, 20. 	h your parents, th	ey receive more than		o not include foster children. eir support* from your parents and will
* Support is defined as providing food, hou	ısing, medical/dental	care or health insurance	, car insuran	ce, money or other financial resources.
Full Name of Family Member Begin with yourself	Date of Birth Ex. 11/17/2005	Relationship to S Self, mother/step-mor father/step-father, bro sister, etc.	ther,	
		Self		
 Certification Statement				

Date