

**Submit securely online:**  
ksu.edu/sfa/upload

**Deliver in person:**  
119 Anderson Hall | 919 Mid-Campus Drive North  
Manhattan, Kansas 66506-0107

Student's Name (Last, First, MI)

Wildcat Identification Number

Student's K-State Email Address

Student's Phone Number

There is an inconsistency with the number of family members and/or the number of people attending college at least half-time between your original Independent Verification Form and your FAFSA.

**Please list all members of your family, including:**

- Yourself
- Your spouse, **if** you are married
- Your children, **if** you provide more than half of their support from July 1, 2024 through June 30, 2025
- Other people, **if** they now live with you, and you provide more than half of their support, which will continue from July 1, 2024 through June 30, 2025.

Note: Support is defined as providing food, housing, medical/dental care or health insurance, car insurance, money or other financial resources.

**Helpful Hints:**

- Provide the complete date of birth for yourself and each family member.
- **Do not** include roommates, fiancés, or foster children.
- **Do not** include children who receive child support funding from you.

Full Name of Family Member Begin with yourself	Date of Birth Ex. 11/17/2005 Do not leave blank.	Relationship to Student Self, spouse, son, daughter, step-son, step-daughter, unborn child due during the 2024-2025 academic year
		<i>Self</i>

**Certification Statement**

By signing this verification form, I certify that all of the information reported is complete and accurate.

Signature of Student (required) \_\_\_\_\_ Date \_\_\_\_\_