Date

Signature of Student (required)

Dependent Verification Form

	Submit securely online:		D	Deliver in person:	
	ksu.edu/sfa/upload		1	119 Anderson Hall 919 Mid-Campus Drive Nortl Manhattan, Kansas 66506-0107	
			N		
Student's Name (Last, First, MI)			Wildcat	Identification Number	
Student's K-State Email Address			Student's Phone Number		
Verification ensures the data reporte documentation required for verificat to utilize KSIS to view their Tasks tile	tion can vary dep	ending on each stu	ıdent's uniqu	e application. Students are encouraged	
Family Information					
Please list all members of your family	_				
Yourself, even if you do not live w	, ,	•			
Your parent(s)/step-parent if they					
Do not include a parent not liv	_				
2026 or they would be required to	o provide parenta	al information whe	n applying fo	arents from July 1, 2025 through June 30, or federal financial assistance.	
 Do not include children for wh 					
	h your parents, th	ney receive more th		eir support* from your parents and will	
Support is defined as providing food, hou	ising modical/donta	l care or health incura	nco car incuran	oca manay ar other financial recourses	
		T		nce, money or other infancial resources.	
Full Name of Family Member	Date of Birth	Relationship t			
Begin with yourself	Ex. 11/17/2005	Self, mother/step- father/step-father			
		sister, etc.	Diother		
		Calf			
		Self			

Date

Signature of Parent on FAFSA (required)