Independent Verification Form

	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		
documentation required for verific	cation can vary depending on each s	deral Student Aid (FAFSA) is accurate. The tudent's unique application. Students are encouraged specific information on what must be submitted.		

Family Information

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, 2025 through June 30, 2026.
 - Do not include children for whom you are paying child support.
 - Do not include foster children.
 - Do not include roommates or fiancés.
- Other people, if they now live with you, you provide more than half of their support* and the support will continue from July 1, 2025 through June 30, 2026.

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

Full Name of Family Member Begin with yourself	Date of Birth Ex. 11/17/2005	Relationship to Student Self, spouse, son, daughter, step-son, step- daughter
		Self

Certification Statement					
By signing this verification form, I certif	fy that all of the i	informatio	n reported is co	omplete and accura	to
by signing this vernication form, i certif	ly that all of the	iiiioiiiiatio	irreported is co	ompiete and accura	ic.
Signature of Student (required)	Da	te			