
Last Name First Name M.I.

USI Student ID number (SSN if ID is unknown)

Phone Number (include area code)

Date of Birth

Check the box that indicates your dependency status (according to FAFSA) AND complete the table below:

Full Name of Family Members	Age	Relationship to Student
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Typed/Electronic signatures are NOT accepted. Each person signing below certifies that all of the information reported is complete and correct. Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student Signature (Required)

Date

Parent Signature *
(Required if the student is dependent according to FAFSA)

Date