

# 2025-2026 Verification Worksheet

Student Financial Assistance  
 8600 University Boulevard  
 Evansville, IN 47712  
 Phone: 812-464-1767 or 800-467-1965  
 Fax: 812-461-5305 / Email: [finaid@usi.edu](mailto:finaid@usi.edu)

## A. Student Information

Last Name	First Name	M.I.	USI Student ID number (SSN if ID is unknown)
Mailing Address			Phone Number (include area code)

## B. Family Information

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

Dependent Student\*

List below the people in the parents' family. Include:

Full Name of Family Members	Age	Relationship to Student
		Self

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