



Office of Financial Aid
 800 W Campbell Rd ROC22 Richardson, TX 75080
 972-883-2941 ph | 972-883-6803 fax
 financial-aid@utdallas.edu

2018-2019 VERIFICATION WORKSHEET

Dependent Student Household Information

Below, please list all the members of your parents' household. Members of your parents' household include: you, the student; your parent(s); your sibling(s), if your parent(s) are going to provide more than half of their support during **the entire academic year** (July 1, 2018 - June 30, 2019); and any other persons who live with and receive more than half of their financial support from your parent(s) for **the entire academic year**. Do not include a parent who does not live in the household due to separation or divorce.

Student Information		
Name (Last, First, Middle Initial)		
UTD ID		
First and Last Name	Relationship to Student	Age
Student:	Self	
Signature and Certification		
Each person signing this worksheet certifies that all of the information provided above is complete and correct.		
Student Signature: _____ Date: _____		
Parent Signature: _____ Date: _____		
Please submit the completed worksheet with handwritten (not typed) signatures to the Office of Financial Aid by: Email: financial-aid@utdallas.edu or Fax: 972-883-6803 or In-person drop-off: Student Services Building, first floor		

With few exceptions, you are entitled on your request to be informed about the information UTD collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTD correct information about you that is held by us and that is incorrect.