



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

2019-2020 VERIFICATION WORKSHEET

Student Household Size Worksheet

Below, please list the name, relationship to you, and age of all members of your household. Members of your household include you, the student; your spouse (if you are married); your children, if you or your spouse are going to provide more than half of their support during **the entire academic year** (July 1, 2019 - June 30, 2020); and any other persons who **live with** and will be receiving more than half of their financial support from you or your spouse for **the entire academic year**.

Once we have received all requested documents on your To Do List, please allow our office up to 3 weeks to review and process the documents submitted.

Student Information		
Name (Last, First, Middle Initial)		
UTD ID		
First and Last Name	Relationship to Student	Age
Student:	Self	
Signature and Certification		
By signing this worksheet, I certify that all of the information provided above is complete and correct.		
Student Signature: _____		Date: _____
Please submit the completed worksheet with your handwritten (not typed) signature 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.