



Division of Student Affairs
Office of Financial Aid

Telephone: (850) 599-3730
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Email: financialaiddocs@famuedu

2020-2021 Verification of Support of Child/Dependent

Student Full Name

FAMU Student ID Number

Student's Email Address

Phone Number

A. Per your 2020-2021 Free Application for Federal Student Aid (FAFSA), you indicated that one or more of your children (or a family member other than a spouse) **currently lives (or will live) with you and relies on you more than half their financial support.**

Please check the appropriate box:

The information reported on the FAFSA is not correct. I do not have children/dependents

If the information reported on the FAFSA is correct, complete the following information.

Name of dependent child or family member

Age

Last Four of Social Security Number

B. If you're married **and your spouse** also attends a college or university, complete the following:

Spouse's Name: _____
College/University Spouse Attends: _____

C. Certification and Signatures

Please note: Supporting documentation may be required.

Student's Signature

Date

Office Use Only:

____ Mail ____ Email ____ Fax ____ Hand Carry

Received by: _____

Date: _____