

**2024-2025 – Verification Form: Independent Student**

Upload: [goucher.edu/faupload](https://goucher.edu/faupload)

Fax: 410-337-6504

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Goucher ID Number

**Independent Student’s Family Information**

List below the people in your family. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2024 through June 30, 2025, even if they do not live with you.
- Other people/dependents if they now live with you and you will provide more than half of their support from July 1, 2024 June 30, 2025. (Additional documentation of support may be required.)

Full Name	Age	Relationship	Attending College at Least Half Time in 2024-2025?	Name of College
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister (example)</i>	<i>Yes (example)</i>	<i>Central University (example)</i>
		<i>Self</i>		<i>Goucher College</i>

By signing this form, I certify all information reported on this form & within the enclosed documentation is complete & correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

(ELECTRONIC SIGNATURES NOT ACCEPTED. Please print & sign in ink, scan as a PDF, and then upload or fax.)