GOUCHER | college

2026-2027 – Verification Form: Dependent Student

_____   _____   _____
Student Last Name   Student First Name   Goucher ID # (or last 4 of SSN)

Dependent Student's Family Information

List below the people in the parent contributor's family. Include:

- Yourself and your parent contributor (including a stepparent if applicable). *Do not include a non-custodial parent or a parent who is not a contributor on the FAFSA.*
- (If clarification is needed for divorced/separated/remarried/widowed parents, please visit: https://studentaid.gov/apply-for-aid/fafsa/filling-out/parent-info*)*
- Your parent contributors' other children/dependents if your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027.
- Other people/dependents if they now live with your parent(s) and your parent(s) will provide more than half of their support through June 30, 2027. (Additional documentation of support may be required.)

All information required. Please remember to include parent(s) and do not leave any blanks.

Full Name	Age	Relationship To Student	Attending College at Least Half Time in 2026-2027?	Name of College
Missy Jones (example)	*18*	*Sister (example)*	*Yes (example)*	*Central University (example)*
		Self		*Goucher College*

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

_____   _____
Student Signature   Date

_____   _____
Parent Signature (Must be a parent listed in section B.)   Date

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