

**DO NOT FAX**  
Print (black ink only)



**OFFICE OF FINANCIAL ASSISTANCE**  
**2010 – 2011 Parent Authorized Signature**  
**Form for Dependent Students**

**NOTE:** A parent must complete this form if your child is a dependent student.

**Student's Information:**

Student's XID: \_\_\_\_\_ Student's Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

**Parent's Information:**

Parent's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

I certify that I have read the information that my student entered on the Dependent Verification Worksheet, Certification Form, and/or Dependent Low Income Form and confirm that the information is correct.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date