



2024-2025 Verification: Dependent Student

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are any differences, we will update your FAFSA accordingly. We may ask for additional information. If you have any additional questions about the Verification process, please do not hesitate to contact our office.

A. Student Information:

Student's Name

UHC ID

B. Household Information

Please list the people in your household below (whether or not they will attend college)

Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2024 through June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2024-2025. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

NAME	AGE	RELATIONSHIP	COLLEGE *(See Below)
		Self	University of Holy Cross

* Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2024 and June 30, 2025. If more space is needed, attach a separate page with the student's name and UHC ID at the top.

C. Acknowledgement

By signing, I (we) certify that all the information reported above is complete and correct to the best of my/ our knowledge and belief.

Student's Signature _____

Date _____

Parent(s) Signature _____

Date _____

Return form to:

Office of Financial Aid, University of Holy Cross
4123 Woodland Dr.
New Orleans, LA 70131

-Or-

E-Mail: FinAid@uhcno.edu