

A. Student Information:

2024-2025 Verification: Independent 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 FASA. 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.

Student's Name		UHC ID	
B. Household Information			
Please list the people in your house	hold below (v	whether or not they wil	ll attend college)
Include:			
• Yourself.			
 Your spouse, if you are married 			
	-	-	pport from July 1, 2024, through June 30,
		•	if they were completing a FAFSA for 2024-2025
Include children who meet eitl		•	· · · · · · · · · · · · · · · · · · ·
• Other people if they now live v			half of their support and will continue to
NAME	AGE	RELATIONSHIP	COLLEGE *(See Below)
THENE	MGE	Self	University of Holy Cross
		ben	Chrysley of Holy Closs
* Include the name of the college for any househousehousehouse the college for any househouse the college for any house the col	old member, exclu	iding your parent(s), who w	rill be enrolled, at least half time in a degree, diploma, or
		ime between July 1, 2024, a	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	ne information	reported above is con	nplete and correct to the best of my/ our
knowledge and belief.		•	•
Student's Signature			Date
Spouse's(s) Signature			Date
(If applicable)			

Return form to:

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

E-Mail: FinAid@uhcno.edu