LOYOLA
UNIVERSITY MARYLAND

Office of Financial Aid
Phone: 410-617-2576

Student's Name:_____ Loyola ID or DOB:_____

2027-2028 Dependent Student Verification Worksheet

This form should be completed by the student whose 2027-2028 FAFSA was selected for review in a process called Verification. Enter all household members below. Household members include:

- Student - yourself
- Contributor(s) - your parent(s), stepparent(s), or legal guardian(s)
- Contributor's other children/dependents (even if they don't live with you) if:
  - contributor will provide more than half their support from July 1, 2027 through June 30, 2028
  - other children/dependent would be required to provide parental information if they were completing the FAFSA
- Other people living in household
  - contributor will provide more than half their support from July 1, 2027 through June 30, 2028

Full Name	Age	Relationship to Student	College/University Currently Attending	Enrolled At Least Part-Time
		Self	Loyola University Maryland	-
		-		-
		-		-
		-		-
		-		-

If more space is needed, provide a separate page to list additional household members. Please be sure to include student's name and Loyola ID or DOB on the page.

Certification

By signing this form, we certify that all information provided is completed and correct.
TYPED SIGNATURES NOT ACCEPTED. Please sign by stylus OR print and sign in ink.

Student's signature:_____ **Date:**_____

Contributor's signature:_____ **Date:**_____

Submit this completed form and any attachments (if applicable) to Loyola University Maryland's Financial Aid Portal.