



Office of Student Financial Aid  
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**Office Hours:** M-F 8AM – 5PM  
<https://financialservices.ouhsc.edu/Student-Financial-Aid>

Your **2024 – 2025 Free Application for Federal Student Aid (FAFSA)** was selected for review in a process called Verification. Federal regulations require that the Office of Student Financial Aid compare information from your application with information you provide below prior to awarding Federal Student Aid. If there are differences between the application information and your statement, you or our Office may need to make corrections.

Complete this form and submit it to the Office of Student Financial Aid as soon as possible in order to avoid processing delays.

On your **2024 – 2025 FAFSA**, you and your parents indicated particular demographic information that must now be verified. Please complete the below information.

<p><b>Student information:</b> Student name: _____ Student ID number: _____ Date of birth: _____ Address: _____ Phone number (include area code): _____</p>
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### Family and household information:

List the people in your parent(s)' household, including:

- Yourself and your legal, biological, or adoptive parent(s), if the parents live together, regardless of marital status or gender of parents, even if *you* do not live with your parent(s), **and**
- Your parents' other children, even if they do not live with your parent(s), if **(a)** your parent(s) will provide more than half of those people's support from July 1, 2024 through June 30, 2025, or **(b)** the children would be required to provide parental information when applying for Federal Student Aid **and**;
- Other people, if they now live with your parent(s), and your parent(s) provide more than half of those people's support and will continue to provide more than half of their support through June 30, 2024.

Write the names of all household members in the space(s) below. Also write in the name of the post-secondary institution for any household member, excluding your parent(s), who will be attending at least *half-time* between July 1, 2024 and June 30, 2025, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College, University, etc.
John Doe (example)	24	Brother	Any University
		Self	OUHSC

By signing this form, I certify that all the information reported is complete and correct. The student and one parent must sign and date.

Student name, printed: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Only one parent signature is required)

**Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**