Independent Student Family Verification Worksheet 2024-2025



Student's Name:		HC ID# or last 4# of SSN:		
"Verification". Hastings College	is required by federal	or Federal Student Aid (FAFSA). regulation to collect information to reported to you by the Federal Stu	o verify that the FAFSA is	s accurate. Any
 They receive more They will continue Other persons if the fole They live with the second or they receive more 	if applicable ent children if the follow student (or live apart be than half of their suple to receive more than lellowing are true: student ethan half of their suple	Family Size: ving are true: pecause of college enrollment) port from the student, and half their support from the student port from the student, and half their support from the student		
Full Name	Date of Birth	Relationship to Student (check appropriate choice)	College Name City and State	Will be enrolled at least half time in 2024-2025
		Self	Hastings College Hastings, NE	Yes
		Spouse	aege, <u>=</u>	
		Child		
		Child		
		Other		
		Child		
		Other Child		
		Other		
Please list	t additional family mer	nbers on the back of this form inc	luding all information req	uired.
		rough a divorce or separation or layour Financial Aid Counselor. Th		
I certify that all of the information understand if I purposely give fa	n reported to qualify fo llse or misleading info	or Federal/State student aid is con rmation, I may be fined, sent to pr	nplete and correct. My si rison or both.	ignature indicates I
*All signatures must be physical	signatures, digital and	d typed signatures will not be acc	epted.	
Student Signature		 Date	Phone numl	per