

2023-2024 DEPENDENT Verification Form

South Dakota Public Higher Education

Black Hills State University ♦ Dakota State University ♦ Northern State University
South Dakota School of Mines & Technology ♦ South Dakota State University ♦ The University of South Dakota

Send all paperwork to:

Enrollment Service Center (ESC)

414 E Clark St SL30
Vermillion SD 57069-2390

FAX: (605) 677-6828

Phone: (605) 658-6160 or (800) 404-1547

E-mail: Escfinaid@sdbor.edu

Please use blue or black ink to complete this document.

1. Student Information:

Last Name	First Name	M.I.	Student ID # or Last 4 digits of SSN
Address (include Apt No.)			() Phone Number
City	State	Zip	E-mail

2. Please identify the people in your parents' household. Include yourself and your parent(s):

- If your parent is remarried, include your step-parent.
- If your parents support other people and will continue to provide more than half of their support between July 1, 2023 and June 30, 2024 (such as their other children), include them in the household.
- If your parents' other children would be required to provide parental information when completing the FAFSA, include them in the household.

Name	Age	Relationship
		STUDENT/SELF

3. Please identify the people listed in the above household who will be attending college between July 1, 2023 and June 30, 2024 at least half-time and be in a degree or certificate program.

Name	Name of College/Postsecondary School
STUDENT/SELF	

4. Certification of signatures: SENDING WITHOUT SIGNATURES WILL DELAY THE FINANCIAL AID PROCESS. Typed signatures NOT accepted.

By signing this worksheet, we certify that all information reported on this form to qualify for Federal aid is complete and correct.

Student Signature

Date

Parent Signature

Date

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