2023-2024 INDEPENDENT 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)	FAX: (605) 677-6828
414 E Clark St SL30	Phone: (605) 658-6160 or (800) 404-1547
Vermillion SD 57069-2390	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 household, include:

- yourself,
- your spouse,
- your children if you will provide more than half of their support between July 1, 2023 and June 30, 2024, even if they do not live with you,
- other people if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support between July 1, 2023 and June 30, 2024.

Name	Age	Relationship
		STUDENT/SELF

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

Name	Name of College/Postsecondary School
STUDENT/SELF	

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

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

_____
Student Signature   Date

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