COLGATE UNIVERSITY

Office of Financial Aid

2025-26 Dependent Verification Statement

Student Name:				ID Number:	
<u>Dir</u>	ections	: Complete the table	below to report indi	ividuals included in the parent family size.	
Inc	lude the	e following:			
■ The student.					
•	The student's parents (or stepparent, if applicable), even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.				
•	The student's siblings if the following are true: They live with the student's parents (or live apart because of college enrollment); They receive more than half of their support from the student's parents, and They will continue to receive more than half their support from the student's parents during the 2025-26 award year.				
•	Other persons if the following are true: o They live with the student's parents, They receive more than half of their support from the student's parents; and They will continue to receive more than half their support from the student's parents during the 2025-26 award year.				
wit the	h whom	the parent could cla completing the 2028	im as a dependent o	other persons" mirror the requirement that family size align on a U.S. tax return if the parent were to file a U.S tax return at a result, the parent should not include any unborn children in	
Г		Full Name	Age	Relationship	
-			7.90	Self	
Eac	ch perso ose info	ions and Signature on signing below cert rmation was reported student's Signature	ifies that the informa	ation reported is complete and correct. The student and one pare st sign and date. Date	
		Parent's Signature		 Date	