Family Clarification Form 2023-2024

University of Rochester Financial Aid Office

Student Name				St	udent ID
The information reported of members in college requires			ication regarding your family	size and the numbe	r of family
your parents (yourself, parent If you are independent, ple their support from you and	nts and/o ase list yo your spo	r stepparents, s ourself, your sp ouse. Use addit	t address and receive more to iblings, others). Non-custod bouse and your dependents varional paper as necessary. On in a degree-seeking program	ial parents should no who receive more th nly list college infort	an half of mation for
Full Name	Age	Relationship	College	Full/Part Time	Degree
Sue Jones (example)	49	Mother	n/a	,	0
Jeff Jones (example)	20	Brother	City College	Full Time	B.A.
		Self	University of Rochester		
If you are a dependent stude student, your spouse must student, your spouse must student our office with the student of the student of the student of the student of the student out of	sign.		of your parents sign to certify	accuracy. If you are	a married
Student Signature		Date	Parent or Spouse Signature Date		Date