1213 DEPENDENT VERIFICATION WORKSHEET AFFIDAVIT

Student Name:__________________________  Student ID#________________

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on the Dependent Verification Worksheet is complete and correct.

________________________________________  _________________________
Student’s Signature                        Date

________________________________________  _________________________
Parent’s Signature                         Date

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

This form MUST be submitted to the SUNY Orange Financial Aid Office.