1314 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.