14-15 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.