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(845) 341-4190

ID # \_\_\_\_\_

## 2020-2021 Dependent Verification Worksheet Affidavit

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Please Print)

### 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 Dependent Verification Worksheet, you may be fined, sent to prison, or both.**



**NOTE: THIS FORM CANNOT BE FAXED OR E-MAILED.**

Original form must be either submitted to Student Services Central or mailed to:

Financial Aid Office  
SUNY Orange  
115 South Street  
Middletown, NY 10940

