



## Office of Financial Aid

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### 2024-2025 VERIFICATION WORKSHEET

#### Parent Family Size Worksheet

Below, please list the name, relationship to you, and age of all members of your parents' family. Members of your parents' family include you, the student; your parent(s); your sibling(s), if your parent(s) are going to provide more than half of their support during **the entire academic year** (July 1, 2024 - June 30, 2025); and any other persons who **live with** and will be receiving more than half of their financial support from your parent(s) for **the entire academic year**. Do **not** include a parent who does not live in the household due to a separation or divorce.

Once we have received all requested documents on your To Do List, please allow our office up to 3 weeks to review and process the documents submitted.

Student Information		
Name (Last, First, Middle Initial)		
UTD ID		
First and Last Name	Relationship to Student	Age
Student:	Self	
Signature and Certification		
Each person signing this worksheet certifies that all of the information provided above is complete and correct.		
Student Signature: _____		Date: _____
Parent Signature: _____		Date: _____
Please submit your completed worksheet with handwritten (not typed) signatures to the Financial Aid Uploader tool at: <a href="https://finaid.utdallas.edu/forms">https://finaid.utdallas.edu/forms</a>		