



Office of Financial Aid

800 W Campbell Rd SSB22 Richardson, TX 75080

972-883-2941 ph | 972-883-6803 fax

financial-aid@utdallas.edu

2024-2025 VERIFICATION WORKSHEET

Student Family Size Worksheet

Below, please list the name, relationship to you, and age of all members of your family. Members of your family include you, the student; your spouse (if you are married); your children, if you or your spouse 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 you or your spouse for **the entire academic year**.

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		
By signing this worksheet, I certify that all of the information provided above is complete and correct.		
Student Signature: _____ Date: _____		
Please submit your completed worksheet with handwritten (not typed) signatures to the Financial Aid Uploader tool at: https://finaid.utdallas.edu/forms		