

R _____
Student Rocket Number

Student Last Name

Student First Name



**2024-25
PROOF OF INDEPENDENT STUDENT STATUS
WORKSHEET**

COMPLETE WITH
BLACK INK ONLY.

Based on the information you provided on your Free Application for Federal Student Aid (FAFSA), the Office of Student Financial Aid is requesting additional information to verify your independent student status. Please review and answer the following questions. If you answer "Yes" to any question, attach the required documentation listed for that question.

Circumstance		If Yes, Documentation Required
Orphan – At any time since you turned age 13, were both of your parents (biological or adoptive) deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of each of your parent's death certificates and a copy of your birth certificate.
Foster Child – At any time since you turned age 13, were you in foster care (answer "Yes" even if you are not in foster care today)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a complete copy of court documentation showing that you were in foster care.
Ward of the Court – At any time since you turned age 13, were you a ward of the court (answer "Yes" even if you are not a ward of the court today)? For federal student aid purposes, someone who is incarcerated is not considered a ward of the court.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a complete copy of court documentation showing your ward of the court status.
Emancipated Minor – Are you or were you an emancipated minor, <u>as determined by a court</u> in your state of legal residence? For federal student aid purposes, this does not mean emancipated from child support or emancipated for military service.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a complete copy of the court's decision that you are an emancipated minor. The court order must have been in effect at the time that you filed your FAFSA.
Legal Guardianship – Does or did someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence? Answer "Yes" if this guardianship is still in effect today or was in effect at the time you reached the age of being an adult in your state. Name of guardian _____ Relationship to you _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a complete copy of the court's decision that you are or were in a legal guardianship.

If you answered "No" to all the questions above, you are a **dependent** student, and you are required to provide parent information and a parent signature on your 2024-25 FAFSA.

YOUR HANDWRITTEN SIGNATURE AND DATE ARE REQUIRED BELOW.

AN ELECTRONIC SIGNATURE IS NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I certify that all the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. I understand that I must attach the documentation required above in order to be considered for independent student status, and that further documentation may be requested by the Office of Student Financial Aid before a final determination is made. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature - use full legal name

Date

TO RETURN THIS FORM:

Upload to: myUT.toledo.edu
"My Financial Aid"
"Financial Aid Documentation Upload"

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

In person: Rocket Solution Central
1200 Rocket Hall

Fax to: 419.530.5835

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.