



Verification of Dependency
Status 2026-2027

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.727-6039
Fax: 404.727-6709 (office preferred method of
submission)
Email: finaid@emory.edu

Student's Name:	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent via email to the student's address marked as preferred in OPUS.	Last 4 Digits of Student SSN (if ID Number Unknown): XXX - XX - _____
INSTRUCTIONS: Our records indicate that you may be considered an independent student due to being an emancipated minor, under legal guardianship, a ward of the court, under foster care, or at risk of homelessness. Please return the completed form and all required documentation to the Office of Financial Aid.	
Document Submission Instructions	
Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax. When submitting documentation, please do not submit image files or photographs.	
I qualify as an independent student due to one of the following, and <u>will provide supporting documentation</u>:	
<input type="checkbox"/> I am an emancipated minor <input type="checkbox"/> I am under legal guardianship <input type="checkbox"/> I am dependent or ward of the court <input type="checkbox"/> I am in foster care <input type="checkbox"/> I am homeless or I am at risk of being homeless (verification section below completed must be by proper authority)	
I am providing the following documentation in support of my request to be considered an independent student: <input type="checkbox"/> Court Documents <input type="checkbox"/> Other supplemental documents	
Certification Statement	
I certify that the information I am providing is true, complete, and correct to the best of my knowledge. I, the student, agree to notify the Office of Financial Aid if the circumstance described changes	
Student's Signature _____ Date _____	
ONLY FOR STUDENTS CLAIMING HOMELESSNESS, THIS SECTION TO BE COMPLETED BY PROPER VERIFYING AUTHORITY	
CHECK ONE TO CONFIRM THE STATUS OF THE STUDENT ABOVE:	
<input type="checkbox"/> This student was an unaccompanied homeless youth on or after July 1, 2025 <i>This means that, on or after July 1, 2025, the student listed above was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian.</i>	
<input type="checkbox"/> This student was an unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2025 <i>This means that, on or after July 1, 2025 the student listed above was not in the physical custody of parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.</i>	
As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have additional question or need more information about this student, please use the contact information below.	
I certify that I am providing this letter of verification as a (check one):	
<input type="checkbox"/> A School District Liaison <input type="checkbox"/> A director or designee of a HUD-funded shelter <input type="checkbox"/> A director or designee of a RHYA-funded shelter	
Name _____ Phone _____	
Email _____ Organization _____	
Signature of Certifying Authority _____ Date _____	