EMORY UNIVERSITY

Verification of Dependency
Status 2027-2028

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

I qualify as an independent student due to one of the following, and **will provide supporting documentation**:

☐ I am an emancipated minor ☐ I am under legal guardianship
☐ I am dependent or ward of the court ☐ I am in foster care
☐ 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:

☐ Court Documents ☐ 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:

☐ This student was an unaccompanied homeless youth on or after July 1, 2026

This means that, on or after July 1, 2026, 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.

☐ This student was an unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2026

This means that, on or after July 1, 2026 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.

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):

☐ A School District Liaison ☐ A director or designee of a HUD-funded shelter ☐ A director or designee of a RHYA-funded shelter

Name _____ Phone _____

Email _____ Organization _____

Signature of Certifying Authority _____ Date _____

F_DEHF