Muskingum University
2020-2021 Verification
Independent Student Household Size and Number in College

IH

STUDENT NAME: _____ ID: _____

Full Name List the name of each person you included in your household on the FAFSA. In order for them (yourself, spouse, children, etc.) to be included, they must receive at least half of their financial support from you between from 07/01/2020-06/30/2021	**Age**	**Relationship**	**College*** list the name of the college for each person who is or will be enrolled at least half time any time between 07/01/2020-06/30/2021
		Self	*Muskingum University*
		Spouse	

By signing below, you certify that all of the information reported is complete and correct.

_____ _____

Student's Signature (electronic signatures will not be accepted) Date

Return Completed Form by mail:
Muskingum University
Student Financial Services
10 College Drive
New Concord, OH 43762

By FAX:
740-826-8100

Questions?
740-826-8139