

Muskingum University
2019-2020 Verification

IH

Independent Student Household Size and Number in College

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 <u>at least half</u> of their financial support from you between from 07/01/2019-06/30/2020	Age	Relationship	College* list the name of the college for each person who is or will be enrolled <u>at least half time</u> any time between 07/01/2019-06/30/2020
		<i>Self</i>	<i>Muskingum University</i>
		<i>Spouse</i>	

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
163 Stormont St.
New Concord, OH 43762

By FAX:
740-826-8100

Questions?
740-826-8139