GOUCHER | college

2025-2026 - Verification Form: Independent Student

How to submit:

Upload: goucher.edu/faupload

Fax: 410-337-6504

| Student Last Name | Student First Name | Goucher ID Number | |
|-------------------|--------------------|-------------------|--|

Independent Student's Family Information

List below the people in your family. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2025 through June 30, 2026, even if they do not live with you.
- Other people/dependents if they now live with you and you will provide more than half of their support from July 1, 2025 June 30, 2026. (Additional documentation of support may be required.)

| Full Name | Age | Relationship | Attending College at Least Half Time in 2025-2026? | Name of College |
|-----------------------|-----|------------------|--|------------------------------|
| Missy Jones (example) | 18 | Sister (example) | Yes (example) | Central University (example) |
| | | Self | | Goucher College |
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| By signing this form, I certify all information reported on this form & within the enclosed documentation is complete & correct. | | | | |
|--|--|--|--|--|
| Student Signature | Date | | | |
| (FLECTRONIC SIGNATURES NOT ACCEPTE | D. Please print & sign in ink. scan as a PDF, and then upload or fax.) | | | |