Kettering UNIVERSITY

2024-2025 Independent Verification Worksheet

Last Name First Name M.I.

Student ID#

Address (include apt. #)

Date of Birth

City State Zip Code

Phone Number (include area code)

List all of the people in your household, including:

- Yourself, and your spouse if you have one, and
- Your children, if you will provide more than half of their support from July 1, 2024 through June 30, 2025, even if they do not live with you, and;
- Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

Full Name	Age	Relationship
		Self

By signing this form, you certify that the information reported is complete and correct. Electronic signatures are not accepted.

Student's Signature Date

Financial Aid Office ● 1700 University Avenue ● Flint, Michigan 48504-6214
1-800-955-4464 ext. 7859 ● Fax: 810-762-9807 ● Email: finaid@kettering.edu

Federal law restricts the way in which documents are submitted to the Financial Aid Office. Verification forms must be submitted by fax, postal mail or in person. Documents attached to an email are not accepted to protect the privacy of student information.

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