

**Dependency Status Certification**

**Return this form on campus to:**

Student Assistance Center  
23 Solon Campus Center

**or mail to:**

Office of Financial Aid and Registrar  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011

**or fax to:** 218-726-8219

**E-mail:** umdhelp@d.umn.edu

**Phone:** 218-726-8000

**Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.**

Student information		
Last name--type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	

Dependency information		
<b>For each question, check the box to indicate your answer.</b>		
Is your father deceased?.....	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is your mother deceased?.....	<input type="checkbox"/> yes	<input type="checkbox"/> no
When you were age 13 or older, were you in foster care? If yes, attach documentation from your social worker or a court of law.....	<input type="checkbox"/> yes	<input type="checkbox"/> no
When you were age 13 or older, were you a ward of the court? If yes, attach documentation from a court of law.....	<input type="checkbox"/> yes	<input type="checkbox"/> no
You are/were an emancipated minor? If yes, attach documentation from a court of law in your state of legal residence.....	<input type="checkbox"/> yes	<input type="checkbox"/> no
You are/were in legal guardianship? If yes, attach documentation from a court of law in your state of legal residence.....	<input type="checkbox"/> yes	<input type="checkbox"/> no
After July 1, 2010, you received a determination under the McKinney-Vento Act that you were an unaccompanied youth who was homeless or at risk of being homeless? If yes, attach a copy of the determination.....	<input type="checkbox"/> yes	<input type="checkbox"/> no

Certification	
I certify that all information provided is true and correct to the best of my knowledge.	
Student signature	Date



To request copies of this form in an alternative format: 218-726-8000.  
UMD is an equal opportunity employer and educator.

[http://www.d.umn.edu/fareg/forms/dependencystatuscertification\\_2012.pdf](http://www.d.umn.edu/fareg/forms/dependencystatuscertification_2012.pdf)