

Please respond immediately. Incomplete forms will be returned.

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

List the people whom your parents will support between July 1, 2007 and June 30, 2008, including:

- **Yourself**
- **Parent(s) and/or stepparent(s).** If your parents are both living and married to each other (not separated), list both. If your parent has divorced but is remarried as of today, list your parent and stepparent. If your parents are divorced or separated, list the parent with whom you lived more during the past 12 months. If you did not live with one parent more than the other (or not at all), list the parent who gave you the most support during the last 12 months, or during the most recent year that you received support from a parent. Also, list the stepparent if your widowed parent has remarried.
- **Parent(s)/stepparent(s)'s dependent children.** If your parent(s) provide(s) **more than half** of the support for any dependent children, or if those children would be required to give parental information when applying for federal aid.
- **Other people** if any other person lives with and receives **more than half** of her/his support from your parent(s) and will continue to receive **more than half** of her/his support from your parent(s) during the time period above.

Full name of family member If there are more than seven family members, please attach an additional list with their needed information.	Age	Relationship to student	If attending college ½ time or more in 2007-2008, list name of college	Social Security number of family member attending college
1. Student (above)		Self	University of Minnesota Duluth	
2. (Mother/Stepmother)		Mother/Stepmother	<b>Parents/stepparents cannot be included as college students.</b>	
3. (Father/Stepfather)		Father/Stepfather		
4. (Brother/Sister/Other)				
5. (Brother/Sister/Other)				
6. (Brother/Sister/Other)				
7. (Brother/Sister/Other)				

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

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

RETURN this form on campus to: **Student Assistance Center**      E-mail: [umdhelp@d.umn.edu](mailto:umdhelp@d.umn.edu)  
**23 Solon Campus Center**      Phone: **218-726-8000**

or mail it to: **Office of Financial Aid and Registrar**  
**University of Minnesota Duluth**  
**1049 University Drive**  
**Duluth MN 55812-3011**

