

If you need assistance completing this form, please contact us at 817-272-3561.



Office of Financial Aid

Office Use Only

2026-2027 Independent Verification of Family Member(s)

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555
Mail: PO Box 19199, Arlington, TX 76019 Email: faorecords@uta.edu
PLEASE EMAIL DOCUMENTATION FROM YOUR UTA EMAIL

Student's Name:	UTA ID:
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Below, please check the box and list the name, age, and your relationship with all members of your family. Members of your family include **you, your spouse (if married), your children, and any other persons who will be receiving more than half of their financial support from you for the entire academic year (July 1, 2026 - June 30, 2027).**

<input type="checkbox"/>	By checking this box, I attest to the fact that I provide more than half of the financial support for all the persons below.	
First and Last Name	Age	Relationship to Student
Student:		Self

☐ Check here if more space is needed and attach an additional sheet with the required information and student's name/ID.

Certification and Signature(s)	
Each person signing below certifies that the information reported on this form is complete and correct.	
Student's Handwritten Signature (required)	Date
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	