OXY Occidental College
Office of Financial Aid

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2027-2028 VERIFICATION STATEMENT - DEPENDENT

Student's Last Name **Student's First Name** **M.I.** **Oxy ID or Last 4 Digits of SSN**

The U.S. Department of Education randomly selects FAFSAs for a review process called verification. This process requires the Office of Financial Aid to collect documentation from you and/or your contributor(s) to ensure that the information submitted on your FAFSA® is correct. To meet this requirement, please submit this form along with any requested income documents.

FAMILY SIZE INFORMATION

Family size includes the following:

- THE STUDENT
- THE STUDENT'S PARENT(S) (AND STEPPARENT, IF APPLICABLE), even if the student is not living with them. Exclude a parent who has passed or is not living in the household because of separation or divorce.
- THE STUDENT'S SIBLINGS, IF ALL OF THE FOLLOWING ARE TRUE:
  - They live with the student's parents (or live apart because of college enrollment);
  - They receive more than half of their support from the student's parents; AND
  - They will continue to receive more than half of their support from the student's parents during the award year.
- OTHER PERSONS, IF ALL OF THE FOLLOWING ARE TRUE:
  - They will live with the student's parents;
  - They will receive more than half of their support from the student's parents; AND
  - They will continue to receive more than half of their support from the student's parents during the entire award year.

PROVIDE ALL REQUESTED INFORMATION FOR EACH PERSON YOU LIST IN THE TABLE BELOW.

FULL NAME	AGE	RELATIONSHIP	NAME OF COLLEGE	UNDERGRADUATE/ GRADUATE	ENROLLMENT	EXPECTED GRAD DATE MM/YYYY
		❒ Self		❒ Undergraduate ❒ Graduate ❒ Not in College	❒ Full-time ❒ Half-time	
		❒ Parent/Stepparent ❒ Sibling ❒ Spouse ❒ Student's Child ❒ Grandparent ❒ Other		❒ Undergraduate ❒ Graduate ❒ Not in College	❒ Full-time ❒ Half-time	
		❒ Parent/Stepparent ❒ Sibling ❒ Spouse ❒ Student's Child ❒ Grandparent ❒ Other		❒ Undergraduate ❒ Graduate ❒ Not in College	❒ Full-time ❒ Half-time	

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FULL NAME	AGE	RELATIONSHIP	NAME OF COLLEGE	UNDERGRADUATE/ GRADUATE	ENROLLMENT	EXPECTED GRAD DATE MM/YYYY
		❒ Parent/Stepparent ❒ Sibling ❒ Spouse ❒ Student's Child ❒ Grandparent ❒ Other		❒ Undergraduate ❒ Graduate ❒ Not in College	❒ Full-time ❒ Half-time	
		❒ Parent/Stepparent ❒ Sibling ❒ Spouse ❒ Student's Child ❒ Grandparent ❒ Other		❒ Undergraduate ❒ Graduate ❒ Not in College	❒ Full-time ❒ Half-time	
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STUDENT'S TAX FILING STATUS – CALENDAR YEAR 2025

Did you file, or were you required to file, a **2025** U.S. Federal Tax Return or Foreign National Tax Return?

❒ **YES**. Please review your required documents on your student portal and submit any outstanding tax forms via IDOC.

❒ **NO**, but I did have earnings from work in **2025**.

❒ **NO**, and I had no earnings from work in **2025**.

PARENT(S)' TAX FILING STATUS – CALENDAR YEAR 2025

Did your parent(s) file, or were they required to file, a **2025** U.S. Federal Tax Return or Foreign National Tax Return?

❒ **YES**. Please review the required documents on your student portal and submit any outstanding tax forms via IDOC.

❒ **NO**, but they did have earnings from work in **2025**.

❒ **NO**, and they had no earnings from work in **2025**.

CERTIFICATION and SIGNATURES

Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Please note that our office is unable to accept digital signatures. Please print, sign (wet signature) and upload your completed form via IDOC. This particular form may also be emailed directly to our office at finaid@oxy.edu.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

_____ _____ _____

Student Signature | Print Name | Date

_____ _____ _____

Parent Signature | Print Name | Date