OFFICE OF STUDENT FINANCIAL AID
UNIVERSITY of WASHINGTON

REAFFIRMATION OF INDEPENDENT STATUS

Student Name:_____
(last) *(first)* *(middle initial)*

Last Four Digits of Student SSN: XXX – XX_____ **UW Student ID #:** _____

To confirm your financial aid eligibility, our office requires additional information about your circumstances that prevent you from providing parental information on your financial aid application. The last academic year you attended the UW, your petition to apply for financial aid without parent information was approved and you were considered an independent student for that year. Please provide an updated explanation on your situation, including any changes that may have occurred in your relationship with your parents from the time you submitted your initial petition.

INDICATE THE ACADEMIC YEAR YOU ARE APPEALING: _____/_____

EXPLANATION OF CIRCUMSTANCES (please write clearly and attach additional sheets if necessary):

I certify the information provided on this form and its attachments are true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

OFFICE USE ONLY: Counselor: _____ Date: _____ Decision: _____
□ Check SFT10XX Step 3 for 'Y' □ Update SFT140 OVERRIDE FAF DEP (I OR D): I □ Update CPS □ Add note to file
Comments: _____

Please see your campus financial aid website for contact information:
Bothell: uwb.edu/financialaid / Seattle: finaid.uw.edu / Tacoma: tacoma.uw.edu/finaid