



VERIFICATION OF INDEPENDENT STUDENT STATUS, 2025-2026

Student Name: _____ ID #: _____

Student Email: _____

Your status as an independent student for financial aid purposes was based upon the answer to one of the questions below on the Free Application for Federal Student Aid (FAFSA). In order to verify your Independent student status, please check the question that applies to you. You will need to submit appropriate documentation in order to approve your Independent status. Financial Aid cannot be finalized until we receive all necessary documents.

- ___As of today, are you married? **Provide a copy of your marriage certificate.**
- ___Are you currently serving on active duty in the US Armed Forces for purposes other than training? Or, are you a veteran of the US Armed Forces? **Provide a copy of your DD-214 or deployment papers.**
- ___Do you now have or will you have children who will receive more than half of their support from you between July 1, 2025 and June 30, 2026? **Provide proof of support (examples could be daycare or health insurance payments paid by you).**
- ___ Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2026? **Provide proof of support (examples could be rent or health insurance payments paid by you).**
- ___ At any time since you turned age 13, were both of your parents deceased, were you in foster care or were you a dependent or ward of the court? **Provide signed, dated, court documentation.**
- ___ As determined by a court in your state of legal residence, are you or were you an emancipated minor? **Provide a copy of the court's decision documenting you are an emancipated minor from the state of your legal residence.**
- ___ Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence? **Provide a copy of the court's decision documenting you are in legal guardianship from the state of your legal residence.**
- ___ At any time on or after July 1, 2024, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? **Provide a copy of this determination from your high school.**
- ___ At any time on or after July 1, 2024, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? **Provide a copy of this determination from the U.S. Department of Housing and Urban Development.**
- ___ At any time on or after July 1, 2024, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? **Provide this documentation or contact the Financial Aid Office at 920.748.8101**

Please complete this form, sign and submit it along with supporting documentation to the address listed below.

Student Signature

Date

To protect yourself from potential identity theft, do not email this information. Please complete and return back to our office by mail, fax, or drop off directly in our office.

Return to: Ripon College Office of Financial Aid
300 W. Seward Street
Ripon, WI 54971

Or: Fax: (920)748-8370

Once all documents have been received, our office will review and respond to you if anything else is needed within two weeks of receipt. All further communication will be via student email provided.