

STUDENT NAME: \_\_\_\_\_

## Please complete in blue or black ink if possible. Typed signatures will not be accepted.

## Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU ID: \_\_\_\_\_

SPU.EDU/SFS

## 2023 - 2024 LEGAL DEPENDENT STATEMENT

depende from you	cated on your 2023 - 2024 Fr nts. Please list the depender between July 1, 2023 and J car, medical and dental care	nts who wil lune 30, 20	ll live with you <u>and</u> receiv 24 (support includes mo	e more th	nan half of the	ir support
	Name		Relationship to studer	nt	Age	
By signing this verification statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.						
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.						
Student Signature Date		Phone	Email			