

**SHZR25****2024-2025****Independent Student Family Size Revision***Please Use Black or Blue Ink***Student Legal Name:****OSU Student ID**
("A" plus 8 digits)**A**

We are requesting the following information because of changes you made to the family size on your 2024-2025 Free Application for Federal Student Aid (FAFSA). Please provide the following information about the people you (and your contributor (spouse), if married) will support between July 1, 2024 and June 30, 2025. Include:

- **Yourself**, (and your contributor (spouse), if you are married);
- **Your dependent children** (even if they live apart due to college enrollment), if you will provide more than half of their support from July 1, 2024 through June 30, 2025;
- **Other people living with you now**, and you provide more than half of their support and will continue to do so from July 1, 2024 through June 30, 2025.

NOTE: Support is defined as providing food, housing, medical/dental care or health insurance, car insurance, money or other financial resources.

Write the names of all family members who meet the criteria above. If you need more space, attach a separate sheet of paper.

No determination of aid eligibility can be made until all requested documents are received and reviewed.

Full Legal Name	Age	Relationship to Student
		Self

1. What changed to cause you to revise the information on the FAFSA? _____

2. When did this change occur? _____

Certification/Signature:

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct.

If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature (*Stylus or ink pen only*)_____
Date

Return to: Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061

Fax: (405) 744-6438 (*if you fax, please do not mail the form*)

Questions?

Email: finaid@okstate.edu

Phone: (405) 744-6604

Web: financialaid.okstate.edu