2027–28 FAMSA Verification Worksheet — Dependent Student

Your FAMSA was selected for review in a process called verification. Complete this worksheet, sign it, and return it to the Office of Financial Aid, Founders' Hall Room 112, within 30 days. If you have questions, call (802) 555-0162. Do not send cash, crowns, or enchanted items with this form.

A. Student Information

Last name _____ First name _____ M.I. _____

Fablehurst ID _____ Date of birth _____

Address _____ City / State / ZIP _____

Phone _____ Email _____

B. Family Information

List the people in your parents' household, including yourself, your parents, your parents' other children, and other people who live with your parents and receive more than half of their support. Familiars are not household members for FAMSA purposes.

Full name	Age	Relationship	College

C. Tax Return Information

- ☐ The student has used the IRS Data Retrieval Tool, or will submit an IRS tax return transcript.
- ☐ The student did not file and is not required to file a 2025 federal tax return.
- ☐ The student's parents used the IRS Data Retrieval Tool, or will submit transcripts.
- ☐ The student's parents did not file and are not required to file a 2025 federal tax return.
- ☐ Income includes payment in gold crowns (attach the Bursar's assay receipt).

D. Signatures

Student signature _____ Date _____ Parent signature _____