



## 2024-2025 Parent of Record Verification

**Financial Aid Department**  
Phone: 360.650.3470  
Email: financialaid@wwu.edu  
Website: financialaid.wwu.edu  
Address: 516 High Street, Old Main 265, Bellingham, WA 98225

_____	W
Student Name	Student I.D. Number
_____	_____
Parent Name	Parent Phone Number
_____	_____
Parent Street Address	City, State, Zip

The above-named student has changed the reporting parent on their 2024-2025 FAFSA or provided information to our office that the reporting parent may need to be changed. As a result of the student's change in reporting parent, we are requiring additional clarification. This determination will be completed after **both parents** have submitted this form.

**Original filing date of your student's 2024-2025 FAFSA:** \_\_\_\_\_

1. Indicate the amount of financial support you provided to the student in the following categories during the 12 months prior to the **original filing date of your student's 2024-2025 FAFSA**:

- \$ \_\_\_\_\_ **Housing** while the student lived outside your home (rent, utilities, etc.)
- \$ \_\_\_\_\_ **Food** expenses (for student)
- \$ \_\_\_\_\_ **Medical** expenses (insurance, co-pays, dental, etc.)
- \$ \_\_\_\_\_ **Transportation** expenses (insurance, car payments, repair, etc.)
- \$ \_\_\_\_\_ **Other** (specify): \_\_\_\_\_  
e.g., cash support, cell phone, tuition, etc.
- \$ \_\_\_\_\_ **Total of all expenses**

2. Please also provide the following information:

- \$ \_\_\_\_\_ **Your total 2022 income**
- \$ \_\_\_\_\_ **Your total assets** as of the date the student filed the FAFSA

### Certification

I certify that the information provided herein is complete and correct.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature (Parent handwritten signature is **required**)

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	Operations:	[RPT_P _____]
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