



2025-2026 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

_____	_____
Student Name	W 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 2025-2026 FAFSA or provided information to our office that the reporting parent may need to be changed. Therefore, we are requiring additional clarification. This determination will be completed after **each parent** has submitted a separate copy of this form.

Original filing date of your student's 2025-2026 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 2025-2026 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.)
- \$ _____ **Child support** paid for student by you (exclude child support paid for other children)
- \$ _____ **Other** (specify): _____
e.g., cash support, cell phone, tuition, etc.
- \$ _____ **Total of all expenses**

2. Please also provide the following information:

- \$ _____ **Your total 2023 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

OFFICE USE ONLY	Operations:	[RPT_P _____]
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