



Forms can be returned via mail, or in person to the  
Office of Student Financial Services  
36 Madison Avenue, Madison, NJ 07940  
OR

Documents can be submitted via [our Secure Online Portal here](#)  
\*\*PLEASE NOTE: EMAILS & FAX NOT ACCEPTED\*\*

## Recertification of Dependency Status for Renewal Students 2024-2025

Name: \_\_\_\_\_ ID # \_\_\_\_\_  
Please print

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

For the prior academic year, your financial aid status was evaluated and your FAFSA application was processed with you listed as an Independent student.

To complete evaluation for financial aid for the current year, we must document that your extenuating circumstances have not changed. Please describe the initial event leading to your independent status and your current living situation. Additional pages may be attached as needed.

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Signature \_\_\_\_\_

Date \_\_\_\_\_