



Office of Student Financial Aid and Scholarship Services

MSC 5100
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001
Phone: 575-646-4105
Toll Free: 877-278-8586

Independent/Underage
Certification of Dependent Support
2009 - 2010

Student's Name (Please Print)

Banner ID Number

List a child or other dependent who will receive more than half of their support from you between July 1, 2009 and June 30, 2010. This information is required in order to complete your financial aid file.

NOTE:

- If the child has not yet been born, you will need to provide a doctor's note with the expected due date.
If you are other than a biological/adoptive parent please provide an explanation.

Dependent's Name

DOB

Relationship

Explanation (if needed):

This information is true and complete to the best of my knowledge.

Student Signature

Date