INDEPENDENT



2024-2025 Verification Worksheet

Office of Financial Aid | 900 SE Baker Street | Unit A484 | McMinnville, OR 97128 Phone 503.883.2225 | Fax 503.883.2486 | Email finaid@linfield.edu

J.S. Department of Education regulations	for Federal Student Aid) has been selected for a process called Verification. The requires Linfield University to verify the accuracy of the information you stions about the verification process, contact our office as soon as possible to d.
A: STUDENT INFORMATION	
Student Name	Linfield ID
Student Phone Number	Student Email
B: FAMILY INFORMATION	
ist the people in your <u>household</u> includin	ig:
·	n if you or your spouse will provide more than half of their support from July 1, n if they do not with live you. Do not include any unborn children.

Please list the people in your parent(s) household below:

Full Name	Age	Relationship
		Self
		Spouse (if applicable)

Other people, if they now live with you, and you and your spouse provide more than half of their support and

will continue to provide more than half of that person's support through June 30, 2025.