



2026-2027 Review of Dependency Status Third Party Affidavit

Office of Student Financial Aid
P.O. Box 9031
Petersburg, VA 23806
Fax: (804) 524-6818
Email: finaid@vsu.edu

2026-2027

(To be completed by a third party who knows the student and is familiar with the circumstances.)

Student's Name

VSU Banner ID #

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1. How long have you known the student? _____

2. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

3. Why is the student unable to provide parent information for financial aid purposes?

4. What is the last date that the applicant:

a). Received financial support from parents? _____
Month/Year

b). Lived with parents? _____
Month/Year

5. How is the student currently supporting himself/herself?

Name: _____ Age: _____

Contact #: _____ Relationship to student: _____

Address: _____

Phone#: _____ Occupation: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.

Signature

Date