



2024-2025 DEPENDENCY REVIEW PART 2

Student San Jose State I.D. Number	Student Last Name	Student First Name
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To be completed by the student’s relative or close friend

The student named above has applied for financial aid at SJSU and has indicated to our office that he or she is unable to provide parent information due to extraordinary family circumstances. You may be contacted by our office about any information provided on this form.

Provide a brief statement regarding your knowledge of the student’s family history and relationship with their parents. (Attach an additional sheet if necessary.)

To your knowledge,

When did the student last receive financial support from parents? _____

When did the student last have contact with parents? _____

How long have you known the student? _____

What is your relationship to the student? _____

Your Name		
Street Address		
City	State	Zip
Phone Number	Email	

By signing this form, I certify that all the information is complete and correct. WARNING: If you purposely give false or misleading information on this form, you may be fined up to \$20,000, sent to prison, or both.

Signature	Date
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Return this form to the student to submit to the Financial Aid and Scholarship Office at San Jose State University.