



# 2023-2024 DEPENDENCY REVIEW PART 3

Student San Jose State I.D. Number	Student Last Name	Student First Name
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**To be completed by a professional who has worked with the student’s family. Examples of professional people include high school counselor, teacher, social worker, clergy, physician, lawyer, family therapist.**

The student name above has applied for financial aid at SJSU and has indicated to our office that he or she is unable to provide us with 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 parents.

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Why do you believe that the student is unable to provide parent information for financial aid purposes?

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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 professional relationship to the student? \_\_\_\_\_

Your Name	
Professional Title	
Phone Number	Email

**Attach a business card or place office stamp on this form. (The form will not be accepted otherwise.)**

**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.**