



Albion College

2025-2026 INDEPENDENT STUDENT VERIFICATION FORM

Name: _____ Student ID Number: _____

You reported on your FAFSA that you qualified as an independent student based on one of the criteria below. To complete the determination of eligibility for financial aid, submit this completed form along with the required documentation to the Office of Financial Aid.

	Check Below	Required Documents
<input type="checkbox"/>	I am an orphan. Check this box only if you had no living parent (biological or adoptive) at any time since you turned age 13, even if you are now adopted.	Copy of the death certificate of each parent.
<input type="checkbox"/>	I was in foster care. Check this box if you were in foster care at any time since you turned age 13, even if you are no longer in foster care as of today.	Copy of the state Department of Human Services Verification of Court/State Ward Status form from your caseworker.
<input type="checkbox"/>	I am a state ward of the court, or I was a state ward of the court. Check this box if you were a dependent or ward of the court at any time since you turned age 13, even if you are no longer a dependent or ward of the court as of today.	Copy of the court decree.
<input type="checkbox"/>	I am, or was, in a legal guardianship or an emancipated minor. Check this box only if you are or you were in a legal guardianship or emancipated minor as determined by a court.	Copy of the court documentation on guardianship or emancipation.
<input type="checkbox"/>	I am an unaccompanied youth or at risk of homelessness. Check this box only if you are homeless or at risk of becoming homeless and/or "unaccompanied" (not with your parents).	Copy of documents from either a high school homeless liaison, director of emergency shelter, transitional housing, or runaway or homeless youth center.
<input type="checkbox"/>	I am active duty or a veteran. Check this box only if you meet the Veterans Administration (VA) definition for veteran status for veterans' benefits purposes or are currently serving on active duty for purposes other than training.	Copy of Form DD-214 or other appropriate documentation.
<input type="checkbox"/>	I am married. Check this box only if you were married as of the day your FAFSA was filed.	Copy of the marriage license.
<input type="checkbox"/>	I made an error on my FAFSA. I do not meet any criteria of an independent student.	You and one parent MUST correct the information on your FAFSA at fafsa.gov and provide your parent(s) financial information and signature.

By signing this form, I certify that all information reported to qualify for federal student aid is complete and accurate. Signatures must be original and cannot be a typed font.

Student Signature

Date

Completed forms and documentation can be brought to the Office of Financial Aid, emailed to financialaid@albion.edu, faxed to 517/629-0581, or mailed to the address below. Social security numbers should be redacted for security purposes.