



Student Financial Aid

University of Missouri

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MizzouSFA

Student Name (Last, First) _____	myZou Student ID Number <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

2019-2020 Dependent Documentation – Custodial Parent Certification

The information requested on this form is needed to process your application for financial aid for the 2019-2020 academic year.

STUDENT / NON-CUSTODIAL PARENT INFORMATION

You reported on your FAFSA that you are an independent student due to the fact you have a child. You also indicated that the child does not live at your address, indicating you are the non-custodial parent, but you will provide more than one-half of the child's annual support (which can include court-ordered child support and other support provided to the child) from July 1, 2019 to June 30, 2020.

This information must be verified by the custodial parent (or custodial grandparent), whose signature must be notarized. Custodial parent is a term that is used for the parent that has primary physical custody of a child. Typically, the child resides with the custodial parent.

CHILD'S ADDRESS	CITY/STATE	ZIP CODE
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Name of Child: _____

TO BE COMPLETED BY CUSTODIAL PARENT

I certify that I _____ am the individual signing this form and that the above-named non-custodial
CUSTODIAL PARENT'S NAME
parent provides more than one-half of the annual support for the above named child in my custody.

CUSTODIAL PARENT SIGNATURE	DATE
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WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ and City/County of _____ . On _____
STATE CITY/COUNTY DATE

, before me, _____ , personally appeared, _____
NOTARY'S NAME PRINTED NAME OF SIGNER

and provided to me on basis of satisfactory evidence of identification

to be the above-named person who signed the foregoing statement.

TYPE OF GOVERNMENT-ISSUED PHOTO ID PROVIDED

WITNESS MY HAND AND OFFICIAL SEAL

NOTARY SIGNATURE	DATE
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My commission expires on: _____
DATE

STOP: Did you fully complete this form? We will return any incomplete/unsigned forms for correction.