ARKANSAS STATE UNIVERSITY BEEBE
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Information updated from original FAFSA.
_____ Initial
_____ Date

Financial Aid Office
2026-2027 Verification Worksheet
Independent

Independent Student

Section 1: Student Information	
Student name	Student ID #
Student cell phone number	Student SSN

Independent Student

Section 2: Student's Spouse Information

List your spouse below, if applicable. Do not list your spouse if you are divorced, separated, or widowed. If your spouse will be attending college at least half-time (6 credits or more) in a degree, diploma or certificate program between July 1, 2026 and June 20, 2027 please list the name of the college your spouse is attending.

Full Name	Age	Date of Birth	Relationship to Student

Section 2: Student's Household Information

Read carefully and list the following individuals.

- **You or your spouse's children,** if you will provide more than half of their support from July 1, 2026 through June 30, 2027. Do not include foster children.
- **Other individuals.** Only include those if they live with you and will receive more than half of their support from you and will continue to receive this support from July 1, 2026 through June 30, 2027.
- **Individuals in college**, list below that will be attending college at least half-time (6 credits or more) in a degree, diploma, or certificate program between July 1, 2026 and June 30, 2027, please list the name of the college they are attending.

Full Name	Age	Date of Birth	Relationship to Student	College Attending

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

X _____ _____

Student Signature **Date**

Please complete and return to: ASU - Beebe Financial Aid Office
Mail: **1000 W. Iowa Street Beebe, AR 72012** Email: **finaid@asub.edu**