



# MONTCLAIR STATE UNIVERSITY

**Scan & Upload to StudentForms:**  
<https://montclair.verifymyfafsa.com>

**OR**

**Mail/Drop-off:**

Montclair State University  
Attn: Financial Aid Office  
1 Normal Avenue  
Montclair, New Jersey 07043

Office Use Only:  
**22DOREC**  
Status \_\_\_\_\_

## Recertification of Dependency Status for Renewal Students

Name: \_\_\_\_\_ ID # \_\_\_\_\_  
*Please print*

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

For the prior academic year, your financial aid status was evaluated and your FAFSA application was processed with you listed as an Independent student.

In order to provide financial aid for the current year, we must document that your extenuating circumstances have not changed. Please describe the initial event leading to your independent status and your current living situation. Additional pages may be attached as needed.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date