



# Harvard Division of Continuing Education

Student Financial Services  
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## 2025–26 Verification Worksheet: Dependent Student Household

Your 2025–26 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are differences, we will update your FAFSA accordingly. We may ask for additional information. If you have questions about the Verification process, please don't hesitate to contact our office.

### A. Student Information *(for institutional identification purposes)*

STUDENT LEGAL NAME (exactly as printed on your government-issued photo ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

DCE ID NUMBER (if known)
@ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*See extension.harvard.edu/login if unsure*

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
X X X X - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DATE OF BIRTH example: J   A   N   0   1   1   9   9   4
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Month (MMM)*

*Day (DD)*

*Year (YYYY)*

### B. Family Size

Please list the people in your family below.

- Include:**
- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
  - Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2025, through June 30, 2026, even if they live apart due to college enrollment.
  - Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2025 through June 30, 2026.

FULL NAME	AGE	RELATIONSHIP
		Self

\* If more space is needed, attach a separate page with the student's name and DCE ID number at the top.

### C. Student/Parent Signatures

By signing this worksheet, we certify that all of the information reported above is complete and correct. At least one parent must sign.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's name (please print) \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Please upload any documents securely by logging into your account via MyDCE Portal at <https://web.dce.harvard.edu/mydce-extension>. From the home page, choose "Document Uploader." In the Document Upload Form, select "Financial Aid Documents" in the "Documents" field. Click "Attachments" then the "Upload Files" button/bar to select your file(s) to upload. Click the "Submit" button.