

PETITION FOR INDEPENDENT STATUS REFERENCE





1.	Name of Applicant:
2.	With whom does the applicant reside?
3.	If you have knowledge that someone claimed the applicant as an income tax exemption in 2024,
	please provide their name and relationship to the applicant.
4.	This student is claiming to be independent of his/her parents: Please explain what you know about this student's relationship to his/her parents, and how the student has supported him/herself. If you should need more space to explain attach a letter or use the back of this form.
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	I certify that the information on this form is true and complete to the best of my knowledge. I understand I may be contacted if further information is needed.
Na	nme of Reference (Please print)
Re	elationship to Applicant
	gnature Date
Αc	ddress City/State/Zip Code
DI-	Doct times to be weeded

Please return completed form to SOUTHWESTERN ADVENTIST UNIVERSITY Student Financial Services