2018-2019
Documentation of Parent Cash, Savings and Checking Account Amounts

Please Use Black or Blue Ink

Student Name: ____________________________

OSU Banner ID
("A" plus 8 digits)

A ____________ ____________ ____________ ____________ ____________ ____________ ____________

We are reviewing information on the 2018-2019 Free Application for Federal Student Aid (FAFSA) and we need some additional documentation before we can determine eligibility for financial aid. We need to determine the correct total of cash, savings and checking accounts for the parent(s) listed on the FAFSA, as of the date the 2018-2019 FAFSA was originally signed (either electronically using the FSAID or via paper signature page).

The parent(s) should complete and sign this form and submit it to the address below. Additional documentation may be requested after this form is reviewed. No determination of aid eligibility can be made until all requested documents are received and reviewed.

<table>
<thead>
<tr>
<th>Parent Cash, Savings and Checking Account Amounts</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the total of the parents’ cash, savings and checking account amounts as of the date the 2018-2019 FAFSA was originally signed?</td>
<td>$ ______________</td>
</tr>
</tbody>
</table>

Please explain why this information was changed on the FAFSA:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Certification/Signature:
By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Parent’s Signature (electronic signature not acceptable) ____________________________________________________________________________ Date ____________

Printed Name of Parent Who Signed Above ____________________________ Street Address ____________________________ City ____________ State ____________ Zip ____________

Questions?
Email: finaid@okstate.edu
Phone: (405) 744-6604
Web: financialaid.okstate.edu

Return to:
Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061
Fax: (405) 744-6438 (if you fax, please do not mail the form)