



*Please return this form to:  
 University of North Texas  
 Student Financial Aid and Scholarships  
 PO Box 311370  
 Denton, TX 76203-1370  
 Fax: (940) 565-2738*

**2008-2009 Reference for Institutional Dependency Change**

<b>SECTION A: STUDENT INFORMATION</b>	
<b>Name:</b>	<b>UNT Assigned ID:</b>
<b>Telephone (include area code):</b>	<b>Social Security Number:</b>

<b>SECTION B: REFERENCE INFORMATION</b>		
<b>Reference Name:</b>	<b>Telephone (include area code):</b>	
<b>Street Address:</b>	<b>City, State:</b>	<b>Zip Code:</b>

- How long have you known the student? \_\_\_\_\_
- What is your relationship to the student? \_\_\_\_\_
- With whom does the student reside? \_\_\_\_\_

Please explain what you know concerning the student's relationship with his/her parent(s). Use the back of this form if necessary.

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<b>SECTION C: CERTIFICATION</b>	
I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed.	
Signature	Date
<u>  X  </u>	_____