



# Request for Dependency Status Change

## 2022-2023 Reference Form ( \_\_ of 2)



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**Must Complete in Black or Blue Ink Pen**

**ORIGINAL DOCUMENT IS REQUIRED. WE CANNOT ACCEPT FAXES OR EMAILS.**

### A. Reference Information

Applicants Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ MC Student ID# \_\_\_\_\_

**Please answer the following:**

Reference Name (Please Print Clearly) \_\_\_\_\_

Official Title/ Relationship to Student \_\_\_\_\_ Phone Number (best b/t 8 AM – 5 PM) \_\_\_\_\_

Address (include apartment number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### B. Statement Information

- How long have you known the applicant: \_\_\_\_\_
- Are you related to the applicant?  Yes  No If so, how? \_\_\_\_\_
- With whom does the applicant reside? \_\_\_\_\_
- To your knowledge, has anyone, other than the applicant, claimed them as an income tax exemption for the following years?  
 2020?  Yes  No  Unsure If so, who? \_\_\_\_\_  
 2021?  Yes  No  Unsure If so, who? \_\_\_\_\_
- Please provide as much information as possible in regards to the applicant's situation. If you should need more space to explain, please attach a letter or use the back of this form.

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All of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Reference Signature \_\_\_\_\_

Date \_\_\_\_\_