Student Financial Services
G-1 Parker Hall, 300 W. 13th Street
Rolla, MO 65409
P: 573/341-4282 F: 573/341-4274

2025-2026 Financial Aid Year

Verification of Payment of Elementary and Secondary Tuition

This form must accompany a Special Circumstance Form - available at sfs.mst.edu/resources/forms/

- **Special Circumstance for Dependent Students -** if parent information was required on your 2025-2026 FAFSA
- **Special Circumstance for Independent Student** - if parent information was not required on your 2025-2026 FAFSA

Student Name _____ Missouri S&T Student ID# _____

Section A: To be completed by Missouri S&T student/parent

_____

Name and **date of birth** of student attending Elementary or Secondary School

I give permission to _____

Name of Elementary or Secondary School

to provide the information requested below to the Missouri S&T Student Financial Services Office regarding my listed dependent. I acknowledge that **$5,000** per sibling/child, per year is the maximum that Student Financial Services can consider.

Signature of Parent _____ Date _____

Section B: To be completed by elementary or secondary school official

Name of Elementary or Secondary School _____

Student presently enrolled? Yes_____ No_____

Anticipated period of enrollment: _____

Amount of tuition parent(s) paid or will pay for the 2025-2026 academic year less any waiver, discount, or financial aid. (Please do not include tuition paid for student attending Missouri S&T) $ _____

I certify that all the above information is accurate to the best of my knowledge as of this date.

Name of verifying official _____ Title of verifying official _____

Signature _____ Telephone number _____