

2015-2016 Dependant Care Expenses

SECTION A: STUDENT INFORMATION		
Student Name	UNT Dallas College of Law Student ID#	SSN (last 4 digits only):

SECTION B: ANTICIPATED ATTENDANCE
Please indicate the term(s) for which you will be paying for dependant care expenses: <input type="checkbox"/> Fall 2015 and Spring 2016 <input type="checkbox"/> Fall 2015 Only <input type="checkbox"/> Spring 2016 Only <input type="checkbox"/> Summer 2016 Only

SECTION C: DEPENDENT INFORMATION			
Please list the people in your household for whom you, the student , will pay dependant care expenses accrued while you are registered for courses for the 2015-2016 academic year. Please attach documentation (i.e., daycare expenses/receipt) for each dependent listed.			
Full Name of Dependent	Age of Dependent	Relationship to Student	Documentation Attached
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

SECTION D: CERTIFICATION	
I certify that all the information contained on this form is complete and correct. I also certify that the expenses reported above are for dependant care expenses accrued while I am registered for courses for the 2015-2016 academic year. I understand that I must sign and return this form for my financial aid to be processed. Electronic signatures are not accepted.	
Student Signature	Date / /

Return this completed form with any required documentation to the UNT Dallas College of Law, Student Financial Aid and Scholarships, 1901 Main Street, Dallas, Texas 75201, or fax to (214) 752-5701, or save and attach as PDF and email to lawfinancialaid@untsystem.edu.