

JOHN BROWN UNIVERSITY
2026-2027 FAFSA TAX SCHEDULE VERIFICATION
PARENT FORM

John Brown University Financial Aid Office · 2000 W. University St., Siloam Springs, AR 72761 · Toll Free (877) 528-4636 · FAX (479) 524-7405

Student Name: _____ **Student ID:** _____

INFORMATION BELOW IS FOR PARENT TAX RETURN BELONGING TO: _____

1. Which of the schedules below were filed in 2024:

(Please select "YES" or "NO" for each schedule)

SCHEDULE 1 YES NO

SCHEDULE 2 YES NO

SCHEDULE 3 YES NO

2. If you marked "YES" next to any of the schedules in question 1, please send us a copy of the schedule(s) if you haven't already done so.

Each person signing below certifies that all of the information reported on this form is correct and complete.

NOTE: You must provide a drawn signature (using a mouse, stylist, finger, or pen) - not a typed signature.

Student Signature _____

Date _____

Parent Signature _____

Date _____

To Send Documents:

Secure Upload Link: <https://www.jbu.edu/financial-aid/upload/>

Fax: 479.524.7405

Mail: John Brown University – Attn: Financial Aid Office
2000 W. University St, Siloam Springs, AR 72761