

2026-2027 Medical/Dental Documentation



Only submit this form if you have completed a 2026-2027 Special Circumstance Form indicating Medical/Dental Expenses

UID: _____ Student Name: _____
(University Identification Number on ID Card) Last Name First Name MI

- Please document that you/your family has paid over 11% of your 2024 or 2025 total income (Adjusted Gross Income) in medical/dental expenses for persons in your household. ONLY report medical/dental expenses, that were medically necessary, that could be itemized on a personal Federal Tax Return.
- Use this form to list the date the item was paid, amount paid, and type of documentation provided to verify amounts paid in 2024 or 2025.
- If using 2025 expenses, please submit a copy of your 2025 Federal Tax Return Transcript from IRS.gov.
- In the order listed below, attach supporting documentation that verifies the amount paid from personal resources.
- Please do NOT submit bills showing only the amount due or Notice of Benefit Statements as amounts owed do not count for this exclusion unless you have a payment plan in place with a medical/dental facility. In which case, you must submit a copy of any payment plan you currently have in place at a medical/dental facility.

NO.	Date paid in 2024 or 2025	Amount paid	Please identify type of documentation submitted. Examples: Copy of bill showing personal payment, receipt, bank statement, etc.
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Total amount documented on this page: \$ _____