2023-2024 Verification (V4) Worksheet Dependent Student

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parent(s) reported on your FAFSA. To verify that you provided correct information, Student Financial Services at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to Student Financial Services at your school. Your school may ask for additional information. If you have questions about verification, contact Student Financial Services as soon as possible so that your financial aid will not be delayed.

			//For Office	ce Use Only//	Academic Division:	Verified
A. DEPENDENT S	TUDENT'S II	NFORMATION				
Student's Last Name	e Stude	nt's First Name	Student's M.I.	Stu	dent's Social Security Nu	mber
Student's Street Add	dress (include	e apt. no.)		- - Stu	dent's Date of Birth	
City		State	Zip Code	- Stu	dent's E-mail Address	
Student's Home Pho	one Number	// Student's Alterna	ate or Cell Phone	Stu	dent ID Number	
B. IDENTITY AND	STATEMEN	T OF EDUCATION	NAL PURPOSE (S	ection To	Be Signed At The Institu	ution)
The stud	dent must ap _l	pear in person at _			to verif	у
			(Name of Postseco	ondary Educ	ational Institution)	
his or he	er identity by	presenting a valid	government-issue	d photo ide	ntification (ID), such as, b	ut not limited
to, a driv	ver's license,	other state-issued	ID, or passport. T	he institutio	on will maintain a copy of t	the student's
photo IE	that is anno	tated with the date	it was received ar	nd the name	e of the official at the insti	tution
authoriz	ed to collect	the student's ID.				
In addition, the	student mu	st sign, in the pre	sence of the inst	itutional o	fficial, the following:	
		tional Purpose			,	
			, an	n the individ	dual signing this Statemer	nt of
	,	(Print Studen			0 0	
	Educational l	Purpose and that t	he federal student	financial as	ssistance I may receive w	ill
	only be used	for educational pu	irposes and to pay	the cost of	fattending	
				_ for 2023-	2024.	
	(Name of I	Postsecondary Educ	ational Institution)			
Student's Signature			Student ID		Date	

If the s	student is <u>unable</u> to a	ppear in person at	to				
		(Name of Posts	secondary Educational Institution)				
verify h	nis or her identity, the st	tudent must provide:					
(a)	(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the n						
	statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and (b) The original notarized Statement of Educational Purpose provided below.						
(b)							
Staten	nent of Educational Po	urpose					
	I certify that I,	, am the	e individual signing this Statement of				
	(Prii	nt Student's Name)					
	Educational Purpose	and that the federal student final	ncial assistance I may receive will				
	•	cational purposes and to pay the	<u> </u>				
		for	· 2023-2024.				
	(Name of Postsecond	dary Educational Institution)					
Student's Signature	 e	Student ID	Date				
	Notar	y's Certificate of Acknowledge	ement				
State o	of						
City/Co	ounty of						
		hafana maa	,				
on	,	before me,					
on	(Date)	(Notary's	name)				
	(Date)	(Notary's	s name) , and provided to me				
person	(Date) ally appeared,	(Notary's (Printed name of signer)	, and provided to me				
person	(Date) ally appeared,	(Notary's (Printed name of signer) nce of identification	, and provided to me				
person on bas	(Date) ally appeared,	(Notary's (Printed name of signer) nce of identification (Type of g	government-issued photo ID provided)				
person on bas	(Date) ally appeared,	(Notary's (Printed name of signer) nce of identification	government-issued photo ID provided)				
person on bas	(Date) ally appeared,	(Notary's (Printed name of signer) nce of identification (Type of gon who signed the foregoing instr	, and provided to me				
person on bas	(Date) ally appeared,	(Notary's (Printed name of signer) nce of identification (Type of gon who signed the foregoing instr	government-issued photo ID provided)				
person on bas	(Date) ally appeared,	(Notary's (Printed name of signer) nce of identification (Type of gon who signed the foregoing instr	government-issued photo ID provided) rument. NESS my hand and official seal				
person on bas to be th	(Date) nally appeared, is of satisfactory evider the above-named perso	(Notary's (Printed name of signer) nce of identification (Type of gen) on who signed the foregoing instremental with	government-issued photo ID provided) rument. NESS my hand and official seal				

Student's Name: ______ SSN or Student ID: _____

Student's Name:	SSN or Student ID:
D. CERTIFICATION AND SIGNATURES Each person signing this worksheet certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
Student's Signature	Date
Parent's Signature	Date

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to Student Financial Services at your school. You should make a copy of this worksheet for your records.