2023–2024 Verification Worksheet Dependent Student – V4

Your 2023–2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. To verify that you provided correct information, the financial aid administrator 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 the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

tudent's Last Name	Student's First Name	Student's M.I.	Student's ID Number
tudent's Street Address (in	clude apt. no.)		Student's Date of Birth
lity	State	Zip Code	Student's Email Address
tudent's Home Phone Nun	nber (include area code)		Student's Alternate or Cell Phone Nur
submitted.	equested items. Additional infor	mation may be reque	that every question has been answered and ested upon review of the initial documents
Each person signing be information reported is	low certifies that all of the	WARNING: If information o	you purposely give false or misleading n this worksheet, you may be fined, sent
Each person signing be information reported is	low certifies that all of the complete and correct. rent whose information was repo	WARNING: If information o	you purposely give false or misleading n this worksheet, you may be fined, sent
Each person signing be information reported is The student and one particle.	low certifies that all of the complete and correct. rent whose information was repon and date.	WARNING: If information o	you purposely give false or misleading n this worksheet, you may be fined, sent both.

Please complete and bring all pages to the Office of Financial Aid.

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at(Name of Po	ostsecondary Educational Institution)	0
verify his or her identity by presenting an unexpired val limited to, a driver's license, other state-issued ID, or p ID that is annotated by the institution with the date it wa institution authorized to receive and review the student	assport. The institution will maintain a coas received and reviewed, and the name	opy of the student's photo
In addition, the student must sign, in the presence of the provided below.	ne institutional official, the Statement of E	ducational Purpose
Statement of	of Educational Purpose	
I certify that I(Print Student's Name) Purpose and that the Federal student financial assistar and to pay the cost of attending(Name of Pos	am the individual signing this Stance I may receive will only be used for educational Institution)	
(Student's Signature)	(Date) (Stud	dent's ID Number)
(To Be Signed in It the student is unable to appear in person at (Name of the student must provide to the institution: (a) A copy of the unexpired valid government-issued postatement below, or that is presented to a notary, so or passport; and (b) The original Statement of Educational Purpose, which separate page than the Statement of Educational Feducational Purpose was the document notarized.	such as, but not limited to, a driver's licen nich must be notarized. If the notary state Purpose, there must be a clear indication	se, other state-issued ID, ement appears on a
	ficate of Acknowledgement	
State of	(Notary's name) ,and provided to n signer)	, , ne
on basis of satisfactory evidence of identification,	e of government-issued photo ID provided	,
WITNESS my hand and official seal		
	Notary signature & date	
	Commission Expiration Date	