

2019-2020 V4 Custom Verification Form

The Department of Education has selected your FAFSA for a review process called *verification*. In this process, the financial aid office will be comparing information from your FAFSA with this worksheet and your IRS Data. Federal regulations require colleges to ask for this information before disbursing federal aid. If there are differences between your application and the documents you provide, your FAFSA information will need to be corrected by your Financial Aid Administrator. *Please read all instructions carefully before completing this form to avoid delaying your financial aid awards*.

SECTION A: STU	DENT INFORMATION	l		
Last name	First Na	me	Student ID Number	
Address (include apt. #)			Date of Birth	
			()	
City	State	Zip	Phone Number (include area code)	
SECTION B: HIGH	SCHOOL COMPLETION	ON STATUS		
student will begin co • Original hig	ollege in 2019-2020: sh school diploma (a co	py must be made by fir	te to confirm the student's high school completion status when the nancial aid staff). State (a copy must be made by financial aid staff).	
 Final officia Official GED For Californ student. For out-of-s 	O transcript. nia homeschooled studestate homeschooled str	t (unopened, sealed en ents, a transcript (or th udents, a secondary sci	nd Records Office: evelope) that shows the date when the diploma was awarded. ene equivalent) signed by the parent or guardian of the homeschool whool completion credential for homeschool (other than high school es homeschooled students to obtain that credential.	
•		•	d above, you must contact the financial aid office.	
SECTION C: IDEN	TITY AND STATEMEN	NT OF EDUCATIONAL	L PURPOSE (to be signed at the Financial Aid Office)	
The student must appear in person at			to verify his/her identity by presenting a valid	
		(Name of Educatio	nal Institution)	
institution will main	tain a copy of the stude	ent's photo ID that is a	ited to, a driver's license, other state-issued ID, or passport. The nnotated with the date it was received and the name of the official ow, in the presence of a Financial Aid Official :	
		Statement of E	ducational Purpose	
I certify t	:hat I,		, am the individual signing this	
		(Print Student's N	•	
	of Educational Purpose I purposes and to pay t		student financial assistance I may receive will only be used for or 2019-2020.	
Student :	Signature	Date	Student ID Number	

By signing this form, I/we certify that all the information reported is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Student Signature Date Parent Signature (for Dependent Students only) Date Financial Aid Office Use Only:

Date

Financial Aid Staff Signature