

2017-2018 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: STUDENT INFORMAT | ΓΙΟΝ | | |
|---|--|--|--|--|
| | | | | |
| Last name First Name | | Student ID Number | | |
| Address (include apt. #) | | | Date of Birth | |
| | | | () | |
| City | State | zip | Phone Number (| (include area code) |
| SECTION | B: FAMILY INFORMAT | TION | | |
| student wi O O OR, provid Fi O Fc st di If you (the | Ill begin college in 2017-2018: riginal high school diploma (a riginal General Educational Dele one of the following docume and official high school transcrifficial GED transcript. Or California homeschool student. Or out-of-state homeschool studiploma or its recognized equivastudent) are unable to obtain | copy must be made by fir velopment (GED) certific ents to the Admissions ar ipt (unopened, sealed en ents, a transcript or the e udents, a secondary school alent), if state laws requir the documentation listed | nancial aid staff). ate (a copy must be r ad Records Office: velope) that shows th quivalent, signed by t ol completion creden res homeschool stude d above, you must co | the parent or guardian of the homeschool tial for homeschool ents to obtain that credential. |
| The student must appear in person at | | | to verify his/her identity by presenting a valid | |
| institution | • | ident's photo ID that is an ne student must sign belo | ted to, a driver's licer nnotated with the da | |
| I certify that I, | | | | , am the individual signing this |
| | | (Print Student's Na | me) | |
| | | ducational Purpose and used for educational pur | | ent financial assistance cost of attending for 2017-2018. |
| - | Student Signature | Date | <u> </u> | 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:

Financial Aid Staff Signature

Date