

## 2018-2019 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: STUDE  | ENT INFORMATION   | ı  |  |
|---|---|--|--|
|   |   |  |  |
| 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 S   | SCHOOL COMPLETI   | ON STATUS  |  |
| student will begin coll<br>• Original high  | ege in 2018-2019:<br>school diploma (a co                   | ppy must be made by fir  | ne to confirm the student's high school completion status when the nancial aid staff).  The state (a copy must be made by financial aid staff).  |
| <ul> <li>Final official h</li> <li>Official GED t</li> <li>For California student.</li> <li>For out-of-sta</li> </ul> | nigh school transcrip<br>transcript.<br>I homeschooled stud | lents, a transcript (or th   | nd Records Office: velope) that shows the date when the diploma was awarded. ne equivalent) signed by the parent or guardian of the homeschool hool completion credential for homeschool (other than high school es homeschooled students to obtain that credential. |
| If you (the student) ar   | e unable to obtain th                                       | ne documentation listed  | d above, you must contact the financial aid office.  |
| SECTION C: IDENTI   | TY AND STATEMEN   | NT OF EDUCATIONAL  | . <b>PURPOSE</b> (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 mainta   | in a copy of the stud                                       | 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 bw, in the presence of a <b>Financial Aid Official</b> :  |
|   |   | Statement of E   | ducational Purpose   |
| I certify tha   | at I,   |  | , am the individual signing this   |
|   | •   | (Print Student's Ne and that the federal state cost of attending for | tudent financial assistance I may receive will only be used for  |
| Student Sig   | gnature   | 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