

STUDENT'S INFORMATION

## 2024-2025 V4 Verification Worksheet

Your 2024–2025 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 parents, if a dependent student, reported on your FAFSA. To verify that you provided correct information the financial aid administrator 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 if you are a dependent student, must complete and sign this worksheet, attach any required documents, and submit the form and required documents to the Office of Financial Aid. We may ask for additional information. If you have questions about verification, contact the Office of Financial Aid as soon as possible so that your financial aid will not be delayed.

Student's Last Name	Student's First Name	Student's M.I.	Student's ID Number
Student's Street Address (ir	nclude apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Cell Phone Number
IDENTITY & STATEN	IENT OF EDUCATIONAL	PURPOSE (To Be S	igned at the Institution)
<ul><li>unexpired valid gover</li><li>driver's lie</li><li>other state</li><li>passport</li></ul>	nment-issued photo ident cense ce-issued ID	ification (ID), such a	I University to verify their identity by presenting an s, but not limited to:  Stitutional official, the Statement of Educational
The institution will ma			annotated by the institution with the date it was nauthorized to receive and review the student's ID.
	NICATIONAL BUIDDOSE		
STATEMENT OF ED	OCATIONAL PURPOSE		
I certify that I		am th	ne individual signing this Statement of Educational
	Print Student's Name	am th	ne individual signing this Statement of Educational
I certify that I	Print Student's Name	assistance I may red	ceive will only be used for educational purposes and to
I certify that I	Print Student's Name e Federal student financial	assistance I may red	ceive will only be used for educational purposes and to

	ty. They must provide one of the forms of identification listed ntification to Sussex County Community College along with th ed below.		
NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT			
State of Ci	City/County of, before me,, (Notary's name) personally appeared,		
On, before me,			
(Date) (Notary's name)	personally appeared,		
, and [	proved to me		
(Printed name of signer)			
because of satisfactory evidence of identification			
(Type of u	unexpired government-issued photo ID provided) to		
be the above-named person who signed the foregoing instru	ument.		
(seal) (Notary signature)	e)  My commission expires on  (Date)		
CERTIFICATION AND SIGNATURES  Each person signing this worksheet certifies that all the information reported is complete and correct. If student is dependent, the parent whose information was reported on the FAFSA must sign and date.	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison or both.		
Student's Signature			
Parent's Signature (required if student is dependent)	Date		
Spouse's Signature (optional if student is independent)			

If the student is *unable to appear in person at Sussex County Community College* to verify their identity, the student may

Student Name\_

Student ID\_\_\_\_\_