

2018–2019 VERIFICATION WORKSHEET Independent Student - Tracking Group V4

Your 2018-2019 FAFSA was selected for a process called "verification". Verification is a procedure through which an institution checks the accuracy of the student information reported on the application. The Financial Aid Office will be comparing information from your application against information you provide on this worksheet or with documentation collected by the school. The Department of Education requires that we verify this information before disbursing financial aid. Complete this verification form and submit it to the Financial Aid Office at your primary school.

1. STUDENT'S INFORMATION

LAST NAME	FIRST NAME			SSN or ID NUMBER	
ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH	
EMAIL ADDRESS				(AREA CODE)-PHONE NUMBER	
				student must appear in person at the mment-issued photo identification (ID), such	
as, but not limited to, a driv	• •	sued ID, or passport.			
		STOP			
<mark>Complete only <u>in t</u>ł</mark>	ne presence of the instit	<mark>utional official or n</mark>	<mark>otary</mark> , the fo	ollowing English or Spanish Statement:	
	STATEME	NT OF EDUCATION	AL PURPOSE		
I certify that I	am the individual signing this Statement of Educational Purpose and				
that the Federal studen		receive will only be us	ed for educati	ional purposes and to pay the cost of	
attending		fc	or 2018-2019.		
	ostsecondary Educational Institution				
STUDENT SIGNATURE			DA	те	
	DECLARA	CIÓN DE PROPÓSIT	<u>O EDUCATIV</u>	<u>o</u>	
Certifico que yo,	Nombre de Estud	liante	, sc	oy el individuo que firma esta <i>Declaración de</i>	
Propósito Educativo y q	ue la ayuda financiera fede	eral estudiantil que yc	pueda recibi	r, sólo será utilizada para fines educativos	
y para pagar el costo de		stitución Educativa Postsecun	daria	para 2018-2019.	
FIRMA DEL ESTUDIANTE			FEC	CHA	

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3. NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT – Complete this section only if you are unable to appear in person at the Postsecondary Educational Institution. This section must be completed in the presence of a notary.

If you are unable to appear in person at the Financial Aid Offices of the VCCCD to verify your identity, you must provide:

- a. A copy of the valid government issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state issued ID, or passport; and
- b. The Statement of Educational Purpose in English/Spanish (section 2 of this worksheet) completed in the presence of a notary; and
- The original Notary's Certificate of Acknowledgement (below): c.

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of					
City/County of					
On, before me	,				
Date	Notary's Name				
personally appeared	, and proved to me				
on basis of satisfactory evidence of identification					
to be the above named person who signed the foregoing instrument					
WITNESS my hand and official seal:					
	Notary Signature				
Му	Commission Expires:				
	Date				
4. HIGH SCHOOL COMPLETION DOCUMENTATION - You must provid	le one of the following to the Financial Aid Office	::			
High school diploma or official high school transcript including graduation date					
The student's General Educational Development (GED) certificate, an official GE	ED transcript, or a state-authorized high school equiva	alent certificate			
Students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document*					
Official Academic transcript of a completed two-year program acceptable for fu	Ill credit toward a bachelor's degree				
For a homeschooled student, the original secondary school completion credent	tial for homeschool*				
	*See Financial Aid Office for ad	ditional instructions			
5. CERTIFICATION & SIGNATURES – The person signing this worksheet certifies	that all of the information reported on it is complete	and correct.			
WARNING: If you purposely give false or misleading information on this works Aid Officer determines or suspects fraud or forgery all information will be forward of Inspector General of the Department of Education, and/or the local law enfor	ded to the campus Behavior Intervention Care Team (E				

STUDENT SIGNATURE

SPOUSE SIGNATURE (optional)

DATE

DATE

Student's Last Name: