

## 2019–2020 VERIFICATION WORKSHEET

## Dependent Student - Tracking Group V4

Your 2019-2020 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.

STUDENT'S INFORMATI	ON			
AST NAME	FIRST NAME			SSN or ID NUMBER
ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH
MAIL ADDRESS				(AREA CODE)-PHONE NUMBER
		TOP		
Complete only in the	-			llowing English or Spanish Statement
	STATEMENT OF E	DUCATIONA	AL PURPOSE	
	-	DUCATIONA	AL PURPOSE	
I certify that I	STATEMENT OF E	<b>DUCATION</b> A	AL PURPOSE	
I certify that I that the Federal studen	STATEMENT OF E  Print Name  t financial assistance I may receive v	DUCATIONA am the i	AL PURPOSE  ndividual signi	Ilowing English or Spanish Statement ing this Statement of Educational Purpose is
I certify that I that the Federal studen attending	STATEMENT OF E	DUCATIONA am the i	AL PURPOSE	ng this Statement of Educational Purpose
I certify that I that the Federal studen attending	STATEMENT OF E  Print Name  t financial assistance I may receive v	DUCATIONA am the i	AL PURPOSE  ndividual signi	ing this Statement of Educational Purpose onal purposes and to pay the cost of
I certify that I that the Federal studen attending	STATEMENT OF E  Print Name  t financial assistance I may receive v	DUCATIONA am the i vill only be us fo	ndividual signied for education 2019-2020.	ong this Statement of Educational Purpose conal purposes and to pay the cost of
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that the Federal studen attending	Print Name  It financial assistance I may receive to the of Postsecondary Educational Institution  DECLARACIÓN DI	DUCATIONA am the i vill only be us fo	ndividual signied for education 2019-2020.  DATO EDUCATIVO, so pueda recibir	ing this <i>Statement of Educational Purpose</i> ponal purposes and to pay the cost of  TE  D  y el individuo que firma esta <i>Declaración</i> , sólo será utilizada para fines educativos



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

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

- 1. 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
- 2. The Statement of Educational Purpose in English/Spanish (section 2 of this worksheet) completed in the presence of a notary; and
- 3. The original Notary's Certificate of Acknowledgement (below):

## NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

	State of						
	City/County of						
	On , before me						
	On, before me	Notary's Name					
	personally appeared	of Signer , al	nd proved to me				
	on basis of satisfactory evidence of identification						
			ided				
	to be the above named person who signed the foregoing	g instrument.					
	WITNESS my hand and official seal:						
			Notary Signature				
		My Commission Expires:					
	CONTINUE		Date				
4. 1	HIGH SCHOOL COMPLETION DOCUMENTATION – You	must provide one of the following to t	:he Financial Aid Office:				
П	High school diploma or official high school transcript including gra	duation date					
	The student's General Educational Development (GED) certificate,		orized high school equivalent 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 full credit toward a bachelor's degree						
_	For a homeschooled student, the original secondary school compl		_				
			e Financial Aid Office for additional instructions				
5. (	CERTIFICATION & SIGNATURES – The people signing this works	sheet certify that all of the information rep	orted on it is complete and correct.				
,	WARNING: If you purposely give false or misleading information of Aid Officer determines or suspects fraud or forgery all information working the Inspector General of the Department of Education, and/or the Id	will be forwarded to the campus Behavior I					
	STUDENT SIGNATURE	DATE					
	PARENT SIGNATURE	DATE					

V4, page 2 of 2 Student's Last Name: \_\_\_\_\_\_ Student ID: \_\_\_\_\_