

2023-2024 (V4) Dependent Student Verification Worksheet

Date: Trans. # EFC:

Banner/Verified:

Locked:

Your 2023–2024 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 reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school 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 must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

	Dopondone					
Student's Last Name	Student's First Name	Student's M.I.	Student's SFSC ID Number			
Student's Street Address (include apt. no.)			Student's Date of Birth			
City	State	Zip Code	Student's Email Address			
Student's Cell Phone Number (include area code)			Student's Alternate or Home Phone Number			
	Identity and Staten		onal Purpose			
	Forn	n Instructions				
	e this form signed in the pr Identity and Staten	resence of a Notar	onal Purpose			
unexpired valid governme state-issued ID, or passp the institution with the dat authorized to receive and	in person at South Floric ent-issued photo identifica ort. The institution will ma te it was received and revi review the student's ID.	da State College t tion (ID), such as, intain a copy of th ewed, and the nar	o verify his or her identity by presenting ar but not limited to, a driver's license, other e student's photo ID that is annotated by me of the official at the institution			
In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.						
Statement of Educational Purpose						
reported is complete and	w certifies that all of the in correct. The student and o eported on the FAFSA mus	one parent	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.			
I certify that I	(Print Student's Name)	am the	individual signing this Statement			

Student's Name:	ID:				
Student's Name:ID: of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending South Florida State College for 2023–2024.					
Student's Signature (Required)	Date				
Parent's Signature (Required)	Date				
SFSC Staff Member Signature (Required)	Date				
Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)					
, ,	th Florida State College to verify his or her identity, the				
(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and					
(b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.					
Statement of Educational Purpose					
I certify that I	am the individual signing this Statement				
(Print Student's Name) of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending South Florida State College for 2023–2024.					
Student's Signature	Date				

Student's Name:		ID:		
	Notary's Certificate of	of Acknowledgement		
State of	City/	City/County of		
On	, before me,		,	
(Date)		(Notary's name)		
personally appeared,		, and prov	ved to me on the	
	(Printed name of signer)			
basis of satisfactory evidence of identification			to be	
	(Type of une)	kpired government-issued photo II	D provided)	
the above-named person w	tho signed the foregoing instru	ıment.		
WITNESS my hand and of	fficial seal			
(Notary signature)		(seal)		
My commission expires on		<u></u>		
	(Date)			