



2024-2025 (V4) Independent Student Verification Worksheet

Date:
Trans. #
EFC:
Banner/Verified:
Locked:

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a verification process. 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 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 verification questions, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Independent Student Information

_____ 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 Statement of Educational Purpose

Form Instructions

To complete this form you must either appear in person at SFSC **OR** have this form signed in the presence of a Notary.

Identity and Statement of Educational Purpose

(To Be Signed at SFSC)

The student must appear in person at **South Florida State College** to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Student's Name: _____ ID: _____

Statement of Educational Purpose

Each person signing below certifies that all of the information reported is complete and correct. The student and one 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.

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 2024–2025.

Student's Signature

Date

SFSC Staff Member Signature

Date

**Identity and Statement of Educational Purpose
(To Be Signed in the Presence of a Notary)**

If the student is unable to appear in person at **South Florida State College** to verify his or her identity, the student must provide to the institution:

- (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 from the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Please submit all documents to: SFSC Financial Aid Office
600 West College Drive, Building B, Avon Park, FL 33825
OR E-mail: FinancialAid@southflorida.edu

Student's Name: _____ ID: _____

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 2024–2025.

Student's Signature

Date

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and proved to me on the
(Printed name of signer)

basis of satisfactory evidence of identification _____ to be
(Type of unexpired government-issued photo ID provided)

the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary signature)

(seal)

My commission expires on _____
(Date)

Please submit all documents to: SFSC Financial Aid Office
600 West College Drive, Building B, Avon Park, FL 33825
OR E-mail: FinancialAid@southflorida.edu