

## 2026-2027 (V4) Dependent Student Verification Worksheet

Date: Trans. # SAI:

Banner/Verified:

Locked:

Your 2026–2027 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.

Dependent 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 Nur	nber (include area code)	Student's Alternate or Home Phone Number		
	For	m Instructions		
The student must appea unexpired valid governm state-issued ID, or passp	To Be r in person at South Flor lent-issued photo identification. The institution will make the was received and review	Signed at SFSC rida State College to cation (ID), such as, aintain a copy of the	o verify his or her identity by presenting an but not limited to, a driver's license, other student's photo ID that is annotated by the of the official at the institution authorized to	
		ading information, yo	ou may be fined, sent to prison, or both.	
	elow certifies that all of		cuments submitted with this certification nformation was reported on the FAFSA	
Student's Signature (Re	equired)	 Date		
Parent's Signature (Rec	quired)	Date		
SFSC Staff Member Sig	gnature (Required)	 Date		

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Student's Name:	ID:		
Video Call Option:			
On,	before me, _		
(Date)		(FAO)	
Student)	appeared on vi	ideo call (Zoom) and proved to me satisfactory (Name of	
evidence of identification		(Type of unexpired government-	
issued photo provided)			
(FAO signature)			
(Date)			
		tity Purpose In the Presence of a Notary	
	alid government-issued	I photo identification (ID) that is acknowledged in the notary , such as, but not limited to, a driver's license, other state-	
	Notary's Certifica	ate of Acknowledgement	
State of	(	City/County of	
On,	before me,		
(Date)		(Notary's name)	
	(Printed name of signer)	, and proved to me on the	
	of identification	rnment-issued photo ID provided)	
the above-named person who	signed the foregoing in	nstrument.	
WITNESS my hand and offic	ial seal		
(Notary signat	 ure)	(seal)	
My commission expires on	(Date)		
	(= 0.0)		