

Date: Trans. # SAI:

Banner/Verified:

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

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.

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	
	Forn	n Instructions		
To complete this form, y signed in the presence of		rson at SFSC, sch	nedule a zoom meeting OR have this form	
	To Be	Signed at SFSC		
unexpired valid government state-issued ID, or pass	nent-issued photo identificat port. The institution will mai it was received and reviewe	ion (ID), such as, l ntain a copy of the	o verify his or her identity by presenting an out not limited to, a driver's license, other estudent's photo ID that is annotated by the the official at the institution authorized to	
WARNING: If you pu	rposely give false or mislead	ling information, y	ou may be fined, sent to prison, or both.	
Certification and Signa	ature:			
			nts submitted with this certification are in the FAFSA must sign and date.	
Student's Signature		Date		
SFSC Staff Member Signatur	re	 Date		

Student's Name:	ID:
Video Call Option:	
On, before	e me.
(Date)	(FAO)
appeare	d on video call (Zoom) and proved to me satisfactory (Name of Student
evidence of identification.	(Type of unexpired government-
issued photo provided)	
(FAO signature)	
(Date)	
To Be Sign	Identity Purpose led in the Presence of a Notary
If the student is unable to appear in person at must provide to the institution:	South Florida State College to verify his or her identity, the student
	issued photo identification (ID) that is acknowledged in the notary notary, such as, but not limited to, a driver's license, other state-
Notary's C	ertificate of Acknowledgement
State of	City/County of
On, before me,	(Notary's name)
personally appeared,	
(Printed name of sig	, and proved to me on the ner)
	to be (Type of unexpired government-issued photo ID provided)
the above-named person who signed the foreg	going instrument.
WITNESS my hand and official seal	
(Notary signature)	(seal)
My commission expires on	

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

(Date)