

STUDENT'S INFORMATION

2025-2026 V4 Verification Worksheet

Your 2025–2026 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, and your parents, if a dependent student, reported on your FAFSA. To verify that you provided correct information the financial aid administrator 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, and at least one parent if you are a dependent student, must complete and sign this worksheet, attach any required documents, and submit the form and required documents to the Office of Financial Aid. We may ask for additional information. If you have questions about verification, contact the Office of Financial Aid as soon as possible so that your financial aid will not be delayed.

Student's Last Name	Student's First Name	Student's M.I.	Student's ID Number
Student's Street Address (ii	nclude apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Cell Phone Number
IDENTITY & STATEN	MENT OF EDUCATIONAL	PURPOSE (To Be S	igned at the Institution)
 unexpired valid gover driver's li other state passport 2. In addition, the Purpose below. The institution will management	nment-issued photo ident cense te-issued ID e student must sign, in the aintain a copy of the stude	e presence of the ins	unity College to verify their identity by presenting an s, but not limited to: stitutional official, the Statement of Educational annotated by the institution with the date it was n authorized to receive and review the student's ID.
	a, and the name of the on	icial at the mistitudio	
received and reviewe			
	DUCATIONAL PURPOSE		
		am tl	ne individual signing this Statement of Educational
STATEMENT OF ED	Print Student's Name	am tl	
STATEMENT OF ED	Print Student's Name	assistance I may re	ne individual signing this Statement of Educational ceive will only be used for educational purposes and to
STATEMENT OF ED	Print Student's Name e Federal student financial	assistance I may re	ne individual signing this Statement of Educational ceive will only be used for educational purposes and to

If the student is <u>unable to appear in person at Sussex County Co</u> have a notary outside of the college verify his or her identity. T	· · · · · · · · · · · · · · · · · · ·	
above in person to the notary <u>and</u> provide a copy of this identification	,	
above Statement of Educational Purpose signed and notarized b		
above statement of Educational Full pose signed and notalized s		
NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT		
State of City/C	City/County of	
On, before me,(Notary's name) pers	,	
(Date) (Notary's name) pers	onally appeared,	
, and prov	red to me	
(Printed name of signer)		
because of satisfactory evidence of identification		
	pired government-issued photo ID provided) to	
be the above-named person who signed the foregoing instrume	nt.	
WITNESS my hand and official seal		
(seal) (Notary signature)	Au commission expires on	
ľ	My commission expires on(Date)	
	(Butt)	
CERTIFICATION AND SIGNATURES		
Each person signing this worksheet certifies that all the	WARNING: If you purposely give false or misleading	
information reported is complete and correct. If student is	information, you may be fined, sent to prison or	
dependent, the parent whose information was reported on the FAFSA	both.	
sign and date.		
Student's Signature	Deta	
Student's Signature	Date	
Parent's Signature (required if student is dependent)	Date	
Spouse's Signature (optional if student is independent)	Date	

Student Name_

Student ID_