AGGREGATE VERIFICATION GROUP



School:

Student Name:

SSN: __

Your 2019–2020 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, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. Should additional space be required for any of the below fields, a separate sheet may be attached to complete the data. In addition, the student and parent will need to sign and date each additional sheet. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. DEPENDENT STUDENT'S FAMILY INFORMATION

List below the people in the parents' household. Include: The parent(s)/stepparent; the student for whom verification is being completed; and other children whom the parent(s)/stepparent will provide more than half of the support for from July 1, 2019 through June 30, 2020 and/or whom the parent(s)/stepparent would be required to provide parental information for if they were completing a FAFSA for 2019–2020. Include children who meet either of these standards even if they do not live with the parents. Also include other people if they now live with the parent(s) and the parent(s) provide more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2020. Include the name of the college for any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019 and June 30, 2020.

Full Name	Age	Relationship	College	At Least 1/2 Time
		self		Yes

B. STUDENT'S INCOME INFORMATION TO BE VERIFIED - Check boxes that apply

1.) TAX FILERS

 $-\!\!\!$ The student has used the IRS DRT within the FOTW to transfer 2017 IRS income tax return information as of this date:

The student is unable or chooses not to use the IRS DRT in FAFSA on the Web, and instead will provide the school a 2017 IRS Tax Return Transcript(s) or a signed and dated 2017 IRS Tax Return(s).

2.) NON-TAX FILERS - ONLY complete this section if the student will not file and is not required to file a 2017 income tax return with the IRS.

The student was not employed in 2017, and therefore, didn't have any income earned from work.

The student was employed in 2017 and has listed below the names of all 2017 employers and the amount earned from each. All applicable 2017 W-2(s) will need to be included. Provide copies of all 2017 IRS W-2 forms issued to the student by his/her employers. List every employer even if the employer did not issue an IRS W-2 form.

Employer's name - ONLY COMPLETE IF NOT FILINF 2017 INCOME TAX RETURN	2017 Amount Earned
	\$
	Ş
C. PARENT'S INCOME INFORMATION TO BE VERIFIED - Check boxes that apply	
1.) <u>TAX FILERS</u>	
Parent 1, Parent 2, Both: - the parent(s) have used the IRS DRT in FOTW to transfer 2017 IRS income tax return information as of this date:	
Parent 1, Parent 2, Both: - the parent(s) is unable or chooses not to use the IRS DRT in FOTW, and instead will provide the school a 2017 IRS Tax Return	
Transcript(s) or a signed and dated 2017 IRS Tax Return(s).	
 2.) NON-TAX FILERS - ONLY complete this section if the parent will not file and is not required to file a 2017 income tax return will parent 1, parent 2, Both: reither parent was employed in 2017, and therefore, didn't have any income earned from work. Confirmation of non-filing from the II authority dated on or after October 1, 2018, will need to be included. If the parent(s) is not able to obtain, please complete the Verifical Parent 1, Parent 2, Both: one or both parents were employed in 2017 and has listed below the names of all 2017 employers and the amount earned from each included. Provide copies of all 2017 IRS W-2 forms issued to the parents by their employers. List every employer even if the employed attach confirmation of non-filing from the IRS or other relevant taxing authority dated on or after October 1, 2018. If the parent(s) is not Verification of Non-Filing Form. 	RS or other relevant taxing tion of Non-Filing Form. h. All applicable 2017 W-2(s) will need to be r did not issue an IRS W-2 form. Please
Employer's Name - ONLY COMPLETE IF NOT FILINF 2017 INCOME TAX RETURN	2017 Amount Earned
	\$
	Ś

AGGREGATE VERIFICATION GROUP



Scho	hool:	
Stud	Ident Name: SSN:	
_	STUDENT'S OTHER INFORMATION TO BE VERIFIED	
	GH SCHOOL COMPLETION STATUS - Check the box that applies and provide a copy of the applicable document to indicate the student's high nool completion status when the student begins college in 2019-2020	
	Documentation of high school completion obtained prior to the 2019-2020 award year	
	Copy of student's high school diploma	
	Copy of the student's final official high school transcript that shows the date when the diploma was awarded	
	A state certificate or transcript received by a student after the student passed a State-authorized examination (GED test, HiSET, TASC, or other State- authorized examination) that the State recognizes as the equivalent of a High School diploma	
	For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document	
	An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree	
	If State law requires a homeschool student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential	
	If State law does not require a homeschool student to obtain a secondary school completion credential for homeschool (other than a high school diploma its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.	or
	DD214 indicating that the individual is a high school graduate or equivalent (Note - this option should only be used if the student cannot obtain any other documentation that confirms completion of a secondary school education.)	
	* A student who is unable to obtain the documentation listed above must contact the financial aid office.	

AGGREGATE VERIFICATION GROUP



Student Name:

School:

SSN: _____

2. **IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE** – Student must sign the below statement (this does not replace the required signature(s) at the bottom of this form) in person and their unexpired government-issued photo ID kept on file. If they cannot be present at the school they must sign the statement in front of a Notary with the Notary's information also completed. The School representative must sign confirming they have copied the unexpired government-issued ID and will ensure it is maintained at the institution for the required Title IV record retention period.

<u>Check the box that applies:</u>	\square In Person at the School	└─In Person in Front of a Notary
IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To be signed at the institution)		

The student must appear in person at

.

to verify his or her identity by presenting

(Name of Post Secondary Educational Institution)

an unexpired 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.

Statement of Educat	ional Purpose	
I certify that I		_ am the individual signing this Statement of Educational Purpose
	(Print Student's Name)	
and that the Federal student fi	nancial assistance I may receive will only be used	for educational purposes and to pay the cost of attending
	for 2	2019-2020.
(Name of Post S	Secondary Educational Institution)	
(5	Student's Signature)	(Date)

School Official Certificatio	<u>n</u>		
I have received and reviewed		government-issued ID	
	(Student Name)		(Type of ID)
on(Date reviewed)			
			_
(School official sign	ature)	(Print Name)	(Date)

AGGREGATE VERIFICATION GROUP

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School:				PAGE 4 of 4
Student Name:			SSN:	
Notary's Certificate of Acknowledgeme	<u>ənt</u>			
IDENTITY AND STATEMENT OF EDUCATIONAL PUR	२POSE (To be s	signed in the presence of a	Notary)	
The student is unable to appear in person at	(Name of Pr	ost Secondary Educational Instit		to verify his or her identity,
 the student must provide to the institution; (a) A copy of the unexpired government-issued photo ide a notary, such as, but not limited to, a driver's licens 		-	otary statement below or	that is presented to
(b) The original Statement of Educational Purpose, provise separate page than the Statement of Educational Pu- was the document notarized.				
Statement of Educational Purpose				
I certify that I		am the individual signing	this Statement of Educat	tional Purpose and
(Print Student's Name)		the second s	the second of at	
that the Federal student financial assistance I may receive	ve will only be us	sed for educational purposes for 2019-2020.	and to pay the cost of an	tending
(Name of Post Secondary Educational Institution)		tor 2019-2020.		
(Ndhe or Fost occordary Europaional montance)				
(Student's Signature)		(Date)		
Notary's Certificate of Acknowledgeme	<u>ent</u>	_	_	_
~	ou los mais of		0.5	
State of,C	City/County of		On	, Date)
before me.		, personally appeared,	(•	Jate)
(Notary's Name)		, poroundity appearer,	(Printed Nam	ne of Signer)
and proved to me on basis of satisfactory evidence of ide	entification		•	to be the above-named
		(Type of Government-Issue	d Photo ID Provided)	
person who signed the foregoing instrument.				
WITNESS my hand	and official sea	al		
() ===		My Com	mission Expires On: _	/D-(-)
(NOTAR	ry's Signature)			(Date)
C. CERTIFICATION AND SIGNATURE				
By signing below, you certify that all of the informa	ation reported is cc	omplete and correct. The studen	nt/parent reported on the FAI	SA must sign and date.
Student Signature	D	Date		ourposely give false or misleadi

Parent Signature

information on this worksheet, you may be fined, be sentenced to jail, or both.