2019-2020 INDEPENDENT

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 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, you 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. STUDENT'S FAMILY INFORMATION

List below the people in the student's household. Include: Yourself; your spouse if married; children whom you and/or your spouse will provide more than half of the support for from July 1, 2019 through June 30, 2020, even if a child does not live with the student. Include other people if they now live with you and you provide more than half of their support for from July 1, 2019 through June 30, 2020, even if a child does not live with the student. Include other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their 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		
		Chaoly how on that amply				
B. STUDENT'S INCOME INFORMATION TO BE VERIFIED - Check boxes that apply						
1.) TAX FILERS Student, Spouse, Both: used the IRS DRT within the FOTW to transfer 201	7 IRS incom	e tax return information as of t	his date:			
 Student, Spouse, Both: - unable or chooses not to use the IRS DRT in FAFS 2017 IRS Tax Return(s). 	A on the We	b, and instead will provide the	school a 2017 IRS Tax Return	n Transcript(s) or a signed and dated		
2.) NON-TAX FILERS - ONLY complete this sect	ion if the s	student will not file and is	s not required to file a 20	17 income tax return with the IRS		
 Student, Spouse, Both: was not employed in 2017, and therefore, didn't have any income earned from work. Confirmation of non-filing from the IRS or other relevant taxing authority dated on or after October 1, 2018, will need to be included. If the student is not able to obtain, please complete the Verification of Non-Filing Form. Student, Spouse, Both: 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 and spouse by their employers. List every employer even if the employer did not issue an IRS W-2 form. Please attach confirmation of non-filing from the IRS or other relevant taxing authority dated on or after October 1, 2018. If the student is not able to obtain, please complete the Verification of Non-Filing Form. 						
Employer's Name - ONLY COMPLE	TE IE NOT	FILING 2017 INCOME TA		2017 Amount Earned		
				\$		
				\$		
				\$		
C. STUDENT'S OTHER INFORMATION TO BE VERIFIED)					
HIGH SCHOOL COMPLETION STATUS - Check the box	x that applie	es and provide a copy of the	applicable document to ind	icate the student's high school		
completion status when the student begins college in 2				-		
Documentation of high school completion obtained pr	rior to the 20	19-2020 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 or 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.						
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.)						
	tain tha	ocumentation listed a	have must contact the	financial aid office		



School:			PAGE 2 OF 3
Student Name:		_SSN:	-
D. IDENTITY AND STATEMENT OF EDUC	ATIONAL PURPOSE		
signature(s) at the bottom of this form) <u>in pe</u> school they must sign the statement in front	IONAL PURPOSE – Student must sign the below erson and their unexpired government-issued pho of a Notary with the Notary's information also co government-issued ID and will ensure it is mainta	oto ID kept on file. If they cannot be pr ompleted. The School representative n	resent at the nust sign
Check the box that applies:	☐ In Person at the School	In Person in Front of	f a Notary
IDENTITY AND STATE	MENT OF EDUCATIONAL PURPOSE	(To be signed at the institution	on)
The student must appear in person at		to verify his or her identit	•
	(Name of Post Secondary Educational Instituti ntification (ID), such as, but not limited to, a drive t's photo ID that is annotated by the institution wi	r's license, other state-issued ID, or pa	•
name of the official at the institution authoriz	red to receive and review the student's ID.		
Statement of Educational Purpe	ose		
	ent's Name)	signing this Statement of Educational F	
and that the Federal student financial assista	ance I may receive will only be used for education	inal purposes and to pay the cost of a	Itending
(Name of Post Secondary Education	for 2019-2020.		
(Student's Signature)	(Da	te)	
	(
School Official Certification			
I have received and reviewed	(Student Name)	government-issued ID	e of ID)
on(Date reviewed)			
(School official signature)	(Print M	lame)	(Date)

2019-2020 INDEPENDENT

AGGREGATE VERIFICATION GROUP



School:	

IDENTITY AND STATEMENT OF EDUCATION	ONAL PURPOSE (To be si	igned in the presence of a Notary)			
The student is unable to appear in person at		to verify his or her identity,			
(Nan	ne of Post Secondary Educational Inst	titution)			
the student must provide to the institution;					
(a) A copy of the unexpired government-issued photo iden	tification (ID) that is acknowledge	ed in the notary statement below or that is			
presented to a notary, such as, but not limited to, a dri	ver's license, other state-issued I	D, or passport; and			
(b) The original Statement of Educational Purpose, provide					
separate page than the Statement of Educational Purp	bose, there must be a clear indica	ation that the Statement of Educational			
Purpose was the document notarized.					
Statement of Educational Purpose					
I certify that I	am the individual signir	ng this Statement of Educational Purpose and			
I certify that I(Print Student's Name)					
that the Federal student financial assistance I may receive will o	only be used for educational purp	oses and to pay the cost of attending			
(Name of Post Secondary Educational Institution)	for 2019-2020.				
(Student's Signature)	(Date)				
Notary's Certificate of Acknowledgement					
State of,City/Count	ty of	On,			
		(Date)			
before me,(Notary's Name)	, personally appeared,	(Printed Name of Signer)			
and proved to me on basis of satisfactory evidence of identificat	tion	to be the above-named			
	(Type of Government-Issued I				
person who signed the foregoing instrument.					
WITNES	S my hand and official seal				
SGEL	My Commission Expires On:				
(Notary's Signatu	ire)	(Date)			
E. CERTIFICATION AND SIGNATURE					
By signing below, you certify that all of the information report	ed is complete and correct. The stude	ent reported on the FAFSA must sign and date.			
		WARNING: If you purposely give false or			
Student Signature	Date	misleading information on this worksheet, you may be fined, be sentenced to jail, or			
	Salo	both.			