Student ID #		

2015-2016 V4 Dependent Verification Worksheet

Your 2015–2016 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. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Info	ormation			
Student's Last Name	First Name	M.I.	Student's Social Security Number	
Student's Street Addres	s (include apt. no.)		Student's Date of Birth	
City	State	Zip Code	Student's Email Address	
Student's Home Phone	Number (include a	rea code)	Student's Alternate or Cell Phone Number	
B. High School Co	mpletion Stat	us		
Provide <u>one</u> of the follo 2016. Please indicate w	-		high school completion status when the student will begin coll	lege in 2015–
☐ A copy of the stude	ent's high school di	ploma.		
☐ A copy of the stude	ent's final official hi	gh school transcript that	shows the date when the diploma was awarded.	
		-	ne student passed a state-authorized examination (GED test, Hi as the equivalent of a high school diploma.	iSET, TASC, or
An academic trans bachelor's degree.		the student successfully o	completed at least a two-year program that is acceptable for for	ull credit toward a
		student to obtain a secor a copy of that credential	ndary school completion credential for homeschool (other than l.	ı a high school
school diploma or	its recognized equi	valent), a transcript or the	n a secondary school completion credential for homeschool (ot e equivalent, signed by the student's parent or guardian, that l cessful completion of a secondary school education in a homes	ists the secondary
☐ If the student is un	able to obtain the	documentation listed abo	ove please indicate here and contact the financial aid office.	

Student ID#	

C. Identity and Statement of Educational Purpose (To Be Signed at the Institution OR in the presence of a Notary)

The student must appear in person at Athens State University to verify his or her identity by presenting a valid 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose found below.

OR If the student is unable to appear in person at Athens State University to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Education Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I,	·	dual signing this Statement of Educational Purpose and that I purposes and to pay the cost of attending Athens State
(Charles Ma Circa hara)	(D.t.)	(Charles Me Carriel County March 20)
(Student's Signature)	(Date)	(Student's Social Security Number)

Notary's Certificate of Acknowledgement

To be used ONLY if student is not able to appear on campus

State of						
City/County of						
On	, before me,					
(Date)	(Notary's name)					
Personally appeared,		, and proved to me				
(Print	ed name of signer)					
on basis of satisfactory ev	on basis of satisfactory evidence of identification					
	(Type of governmen	nt-issued photo ID provided)				
To be the above-named p	erson who signed the foregoing instrum	nent.				
WITNESS my hand and off	NITNESS my hand and official seal:					
(Notary Signature)						
My commission expires or	n					
,	(Date)					

Student ID#		

D. SNAP Benefit Verification

Complete this section if the parents certify that a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The parents' household includes:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015–2016. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.
 - Check here if one of the persons listed in Section B of this worksheet received SNAP benefits in 2013 or 2014. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

E. Child Support Verification

Complete this section if one of the parents included in the household paid child support in 2014. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

_	in more space is needed, provide a separate page that includes the stadent's name and is named at the top.					
	Name of Person Who Paid	Name of Person to Whom Child	Name and age of Child for Whom	Amount of Child		
	Child Support	Support was Paid	Support Was Paid	Support Paid in 2014		
Γ						

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation

F	Cei	rtific	ation	and	Sign	nature
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Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature	Date	
Parent's Signature	Date	

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.



Office of Financial Aid 300 North Beaty Street, Athens, AL 35611 Email: finaid@athens.edu Ph: 256-233-8122 Fx: 256-233-8178