2019-2020 Verification Worksheet V4

Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for a 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, the financial aid administrator at your school 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 must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid office at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Student's Informatio	n:						
Student's Last Name	Student's First Name	Student's M.I.	Student's SSN Number				
Student's Mailing Address (in	clude apt. no.)		Student's Date of Birth				
City	State	Zip Code	Student's Email Address				
Student's Home Phone Numb	per (include area code)		Student's Alternate or Cell Phone number				
B. High School Complet You must submit documentation		n equivalent along with	this worksheet when the student begins college in				
2019-2020.	t you will attach to this workshe		C C				
☐ A copy of the student's hig	gh school diploma.						
For students who complet similar document.	ed secondary education in a forei	gn country, a copy of t	ne "secondary school leaving certificate" or other				
☐ A copy of the student's fin	al official high school transcript th	nat shows the date whe	en the diploma was awarded.				
	A State certificate or transcript received by a student after the student passed a State-authorized examination that the State recognizes as the equivalent of a high school diploma (GED test, HiSET, TASC, or other State-authorized examination).						
An academic transcript the toward a bachelor's degree		lly completed at least a	two-year program that is acceptable for full credit				
	meschooled in a State where Stat than a high school diploma or its		ent to obtain a secondary school completion credential a copy of that credential.				
credential for homeschoo the student's parent or gu	ling (other than a high school dipl	oma or its recognized ϵ hool courses the stude	the student to obtain a secondary school completion quivalent), a transcript, or the equivalent, signed by nt completed and includes a statement that the ting.				
A student who is unable to	o obtain the documentation listed	above must contact th	e financial aid office.				

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C. Documentation of Identity and Statement of Educational Purpose

The student must appear in person at Dodge City Community College to verify his or her identity by presenting an unexpired 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 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.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

If the student is unable to appear in person at Dodge City Community College to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired 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 provided below, which must be notarized.

Student's Signature

cei		am the individua	ual signing this Statement of Educational Purpose and that the
Fed	(Print Student's Name) eral student financial assistance I may receive w	ill only be used for educat	ational purposes and to pay the cost of attending Dodge City
		in only be asea for educat	and the pay the cost of attending Bodge city
Con	nmunity College for 2019–2020.		
(Stu	ident's Signature and Date)	(Fir	inancial Aid Administrator Signature and Date)
	Notary's Certificate of Knowledge		
	State of	City/County of	on
	before me,	personally appeared,	,
	(Notary's Name)		(printed name of signer)
And provided to me on basis of satisfactory evidence		vidence of identification _	
			(Type of government-issued photo ID provided)
	To be the above-named person who signed the	he foregoing instrument.	
	WITNESS my hand and official seal		
		(Notary Signature)	(Date commission expires)
	(Seal		
D.	Certification and Signatures		WARNING: If you purposely give false or misleading information on this
			Worksheet, you may be fined, be sentenced to jail, or both.
	The person signing this worksheet certifies that	t all of the information re	eported on it is complete and correct. The student must sign and da t

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to Dodge City Community College.

You should make a copy of this worksheet for your records.

Date