

# 2016-2017 V4 CUSTOM VERIFICATION WORKSHEET (F17V4)

LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			
PHONE:		E-MAIL:	
<input type="checkbox"/> ARIZONA ASSURANCE <input type="checkbox"/> GATES <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> NURSING <input type="checkbox"/> GRAD ELLER <input type="checkbox"/> UA Online Campus			

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) has been selected by the Department of Education for verification, a review process which requires our office to collect documentation to verify the accuracy of your FAFSA information. If there are differences between your FAFSA and information on any of your verification documents, the school will make the correction electronically. Our office is prohibited from disbursing federal student aid until the verification process is complete.

Complete this verification form and submit it to the Office of Scholarships and Financial Aid as soon as possible. The financial aid office cannot further process your financial aid without this information.

<input type="checkbox"/> <b>Dependent Student*</b>	<input type="checkbox"/> <b>Independent Student**</b>
*A student is considered dependent if he/she was required to provide parental information on the FAFSA	**A student is considered independent if he/she was not required to provide parental information on the FAFSA

## CERTIFICATION OF SNAP BENEFITS - FOOD STAMPS (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM)

In 2014 or 2015, did you, your parents, or anyone in your/parent(s)' household receive benefits from the Supplemental Nutrition Assistance Program?

Student or Spouse    Yes    No      Parent(s) or someone in parent(s)' household:    Yes    No

**Note:** If there is reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, the school may require documentation from the agency that issued the SNAP benefits.

## CERTIFICATION OF CHILD SUPPORT PAID

Complete this section if either of the parents included in the household, or the student and/or spouse, paid child support in 2015. List below the name(s) of the person(s) who paid the child support, the name(s) of the person(s) to whom the child support was paid, the name(s) of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name & Age of Child for Whom Support was Paid	Total Amount Paid in 2015

**Note:** If there is reason to believe the information regarding child support paid is inaccurate, the school may require additional documentation such as:

- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

## STUDENT HIGH SCHOOL COMPLETION STATUS

Provide one of the following documents that indicate your high school completion status when you begin college in the 2016-2017 academic year:

I have a High School Diploma



Administration Building · Room 208  
 P.O. Box 210066, Tucson, AZ 85721-0066  
 TEL: 520.621.1858 · FAX: 520.621.9473  
 financialaid.arizona.edu

- I am attaching a copy of my final High School Transcript, which indicates the date I completed High School
- I have a GED
  - I am attaching a copy of my GED Certificate
  - I am attaching a copy of my GED Transcript
- I have received a State Certificate
  - I am attaching my certificate recognized by the State of \_\_\_\_\_ as equivalent to a High School Diploma
- I was home schooled
  - I am attaching a signed copy of my transcript or equivalent
- I have completed my secondary education in a foreign country
  - I am attaching a copy of the "secondary school leaving certificate" or other similar document from the appropriate central government agency
  - I am attaching a TRANSLATED copy of my Foreign High School Diploma
- I have completed a two year post-secondary program acceptable for credit toward a bachelor's degree
  - I am attaching an academic transcript that indicates I successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- I have none of the above
  - I am attaching a signed statement from my high school stating that I excelled academically

**NOTE:** A student who is unable to obtain the documentation listed above must contact the financial aid office.

**STUDENT IDENTITY VERIFICATION and STATEMENT OF EDUCATIONAL PURPOSE**

**\*\* IMPORTANT - DO NOT COMPLETE THE FOLLOWING SECTION IN ADVANCE \*\***

**THIS PORTION OF THE FORM MUST BE COMPLETED IN THE PRESENCE OF EITHER:  
A FINANCIAL AID REPRESENTATIVE (OPTION 1) or  
A NOTARY PUBLIC (OPTION 2)**

**OPTION 1 (Complete only when signing in person at the University of Arizona's (UA) Financial Aid Office)**

I am appearing in person with my valid (unexpired) government issued photo identification (driver's license, state identification card, or passport). The Office of Scholarships and Financial Aid will maintain a copy of your photo ID that is annotated with the date it was received and the name of the Financial Aid Officer authorized to collect your ID.

**Statement of Educational Purpose:** I certify that I \_\_\_\_\_ (print student name) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the University of Arizona for 2016-2017.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID Number)

**OPTION 2 (If you are unable to appear in person at UA's Financial Aid Office, complete in the presence of a Notary Public)**

I am attaching a notarized copy of my valid (unexpired) government issued photo identification (driver's license, state identification card, or passport).

**Statement of Educational Purpose:** I certify that I \_\_\_\_\_ (print student name) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the University of Arizona for 2016-2017.

\_\_\_\_\_

\_\_\_\_\_

(Student's Signature)

(Date)

Student ID #: \_\_\_\_\_  
(Student's ID Number)

**IF SUBMITTING IN PERSON (OPTION 1)**

Present this form with original valid (unexpired) government-issued photo identification.  
To be completed by an OSFA Representative:

ID Type:

ID Number:

Expires:

OSFA Representative Name (print):

OSFA Representative Title:

OSFA Representative Signature:

**IF SUBMITTING BY MAIL/FAX/EMAIL (OPTION 2)**

Send this form with photocopy of valid (unexpired) government-issued photo identification.  
To be completed by a Notary Public:

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On, \_\_\_\_\_, before me, \_\_\_\_\_,  
(date) (Notary's Name)

personally appeared \_\_\_\_\_ and proved to me on  
(Printed name of signer)

basis of satisfactory evidence of identification \_\_\_\_\_ to be  
(Type of unexpired government-issued photo ID provided)

the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal \_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

**SIGN WORKSHEET**

I affirm by signing below the information on this worksheet and the submitted documents are true and correct. I also agree, if asked, to provide information that will verify the accuracy of my completed form. Giving false or misleading information on this worksheet can result in a fine, a jail sentence, or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Spouse's Signature

\_\_\_\_\_  
Date