

## 2019-2020 V4 Custom Verification Worksheet Independent Student

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 the financial aid administrator at your school will compare your FAFSA information 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 and submit any other requested information.

Last Name	First Name	M.I		Social Security Number
Street Number (include apt.no)				Date of Birth
City	State	Zip Code	_	Email Address
Phone Number (include area code)				ID Number
continuous full montl  You are an II attached:	ns prior to 8/20/19. Ilinois Resident and ONE of t	the following residenc		u have resided in Illinois for 12 cumentation from 8/21/18-8/20/19 is
	Illinois driver's license or sta	te ID		Illinois auto registration card
<u></u>	s voter's registration card y bills in the student's name			Property tax bill Student's 2018 W-2 forms or 2018 State Tax Returns
☐ You do not r	eside in Illinois			
C. High School Com	pletion Status			
the first floor, buildin receive any type of fir	g B. If you have not graduat	ed from high school or dy submitted your offi	have	e Office of Admissions and Records on e not received a GED you cannot igh school transcripts or official GED ent you are submitting:
		I high school transcript	t that	shows the completion date.

## D. 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	
(Name	e of Postsecondary Educa	tional Institution)
	•	tification (ID), such as but not limited to a driver's maintain a copy of the student's photo ID that is
annotated by the institution with the date institution authorized to receive and revie		reviewed, and the name of the official at the
In addition, the student must sign, in the p	resence of the instit	utional official, the Statement of Educational
Purpose provided below:		
Staten	nent of Educational	Purpose
I certify that I,(Print Student's Name)	, am the indiv	idual signing this Statement of Educational
Purpose and that the federal student finar	ncial assistance I may	receive will only be used for educational
purposes and to pay the cost of attending		for 2019-2020.
	(Name of Postsecond	ary Educational Institution)
(Student's Signature)	(Date)	(Student's ID Number)