

## 2024–2025 Verification Worksheet Dependent Student- Tracking Group V-4



Your 2024-2025 Free Application for Federal Student Aid (FAFSA) has been selected by the Department of Education for a process called verification. Therefore, we are required to confirm the information reported on your FAFSA. To verify that you provided correct information, the Office of Financial Aid will compare your FAFSA with the information on this worksheet and any other required documents and make corrections as needed to the Federal Student Aid processor. Title IV awards will not be processed until all documents are verified. If you have questions about verification, please contact the Jackson College Office of Financial Aid at (517) 796-8410.

STEP 1: Dependent S	student's Information					
Student's Last Name	Student's First Name	Student'	s M.I.	Student's Jackson	n College ID Nun	nber
Student's Street Address	(Include Apt. #)			Student's Date of	f Birth	
City	State	Zip	Code	Student's Primar	y Phone # (Includ	le Area Code)
Parent Email Address						
STEP 2: Choose EITI	HER Option 1 (sign with	Jackson Co	llege e	employee) <u>OR</u> Op	otion 2 (sign wit	h notary):
Option 1: Identity/Sta	atement of Educational	Purpose:				
You must also bring th	e following ( <b>original</b> ) do	ocumentation	n so th	e Jackson College	e employee can	make a copy
	SOURCE DOCUMENT	TATION			RECEIVED BY JC EMPLOYEE	JC EMPLOYEE INITIALS
Unexpired valid govern identification card, or p	ment-issued photo identific assport.	cation (ID), i.	e., driv	er's license, state	□ Yes	
I certify that I		am	the inc	dividual signing t	his Statement of	f Educational
•	(Print Student's Name) ederal student financial a e cost of attending Jackso		•	•		ional
Student's Signature	Τ	Date Pa	arent's	Signature		Date
I verified the applica	nt's identity in person a	nd received	the ab	ove information	directly from th	e applicant.
Jackson College Author	prized Individual-Print	Jackson	Colle	ge Authorized Inc	dividual- <i>Signatu</i>	ure Date



## **Option 2: Identity/Statement of Educational Purpose:** JC Student ID #: (Must be Signed by Notary) Original document with copy of a valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport must be submitted. I certify that I \_\_\_\_\_ am the individual student signing this form and certify that the Federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending Jackson College for the 2024-2025 award year. Student's Signature (Required) Date Parent's Signature (Required) **Notary's Certificate of Acknowledgement** State of \_\_\_\_\_ On \_\_\_\_ on \_\_\_\_ \_\_\_\_\_ personally appeared before me, \_\_\_\_\_ (Notary's Name) \_\_\_\_\_, and provided to me on basis of satisfactory (Printed Name of Student) evidence of identification \_\_\_\_\_ to be the above-named person who (Type of government-issued ID provided) signed the foregoing instrument. WITNESS my hand and official seal (Notary Signature) (seal) My commission expires on \_\_\_\_\_ (Date)

## **Continue to Step 3:**



STEP 3: Certification and Signature	SIEPS	Certifi	cation	and	Signatur	es:
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C Student ID #:	
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WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

By signing this worksheet, you certify that all the inform	mation reported on it is complete and correct.
Student's Signature:	Date
Parent's Signature	Date

## **STEP 4: Submit Completed Documentation:**

If notarized, please mail your completed form and copy of your State ID or driver's license to:

Jackson College Office of Financial Aid 2111 Emmons Road Jackson, Michigan 49201