



2018 - 2019 Dependent Student Verification Form

Your 2018-2019 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 must ask you to confirm the information you reported on your FAFSA. Data will be compared from your FAFSA application with this form, 2016 Income Tax information and any other requested information for both you and parent(s). Complete and sign this document and submit with other required documents. Respond quickly so that your financial aid will not be delayed.

A. Student's Information

Form with fields for Student's Last Name, First Name, M.I., Last 4 digits of SS Number, Student's Street Address, Student's Date of Birth, City, State, Zip Code, Student's Email Address, Student's Home Phone Number, and Student's Alternate or Cell Phone Number.

B. High School Completion Status

Provide one of the following documents to indicate the student's high school completion status when the student begins college in 2018-2019:

- List of requirements for high school completion status, including: A copy of the student's high school diploma, secondary school leaving certificate, high school transcript, State certificate, academic transcript, and homeschooling documentation.

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

Students Name: _____ Students DOB ___/___/___

C. Identity and Statement of Educational Purpose--- (To Be Signed at the Institution)

The student must appear in person at Cabarrus College of Health Sciences 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.

D. Identity and Statement of Educational Purpose--- (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Cabarrus College of Health Sciences 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. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

E. Statement of Educational Purpose

I certify that I _____ 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 Cabarrus College of Health Sciences for 2018–2019.

(Student’s Signature)

(Date)

(Student’s ID Number)

F. Certification and Signatures

- Each person signing below certifies that all of the information reported is complete and correct.
- By signing this form, I (we) also authorized Cabarrus College of Health Sciences to make any changes to the originally reported FAFSA data that result from the Verification process.

Warning: If you purposely give false or misleading information you may be fined, sent to prison or both.

Print Student’s Name

Last 4 digits of SS Number

Student’s Signature (Required)

Date

Parent’s Signature (Required)

Date

**Do not mail this worksheet to the U.S. Department of Education.
You may submit the verification and requested forms to:
Cabarrus College of Health Sciences - Attention: Robin Robinson
401 Medical Park Drive Concord, NC 28025 Phone (704) 403-2445 Fax (704) 403-2077**