



**2018-2019 Dependent Verification Worksheet V-4**  
*Finger Lakes Health College of Nursing & Health Sciences*  
*Marion S. Whelan School of Practical Nursing*

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 may ask you to confirm the information you and your parents 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 and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator 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. Dependent Student's Information**

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

**B. High School Completion Status**

Provide one of the following documents that indicate your high school completion status when the student begins college in 2018– 2019:

- A copy of the student's high school diploma showing when graduated.
- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- A copy of the student's final official high school transcript that shows the date when 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 that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- For a student who was homeschooled in a state where state law requires the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized equivalent), a copy of that credential.
- For a student who was homeschooled in a state where state law does not require the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized equivalent), a transcript, or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.

**Check the box that applies:**

- The student has submitted a final official transcript or equivalent to the Admissions Office. *The financial aid administrator will use this information for the verification process.*
- The student has not yet submitted a final official transcript or equivalent. *The student's admissions file or the verification process cannot be completed until a final official transcript or equivalent has been received.*

**A student who is unable to obtain the documentation listed above must contact the financial aid office.** If we have already received one of the documents above as part of the admission process, you do not need to turn in another copy.

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### C. 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  
(Name of Postsecondary Educational Institution)

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.

To be signed in the presence of a Notary:

If the student is unable to appear in person at the Institution 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.

#### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's Name)

and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of

attending \_\_\_\_\_ for 2018-2019.  
(Name of Postsecondary Educational Institution)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Authorized Institutional Official's Signature

\_\_\_\_\_  
Date

#### Notary's Certificate of Acknowledgement

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

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared,  
(Date) (Notary's Printed Name)

\_\_\_\_\_, and provided to me on basis of satisfactory evidence of identification  
(Printed Name of Signer)

\_\_\_\_\_ to be the above-named person who signed the foregoing instrument.  
(Type of government-issued photo ID provided)

WITNESS my hand and official seal:

\_\_\_\_\_  
(Notary signature)

(Seal)

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

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**D. Certification and Signatures**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date

**WARNING:** If you purposely give false or misleading information you may be fined, be sentenced to jail or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to the Financial Aid Office at FLHCON&HS and MSWSPN.*

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