

2020–2021 INDEPENDENT VERIFICATION WORKSHEET

Finger Lakes Health College of Nursing & Health Sciences Marion S. Whelan School of Practical Nursing

Your 2020–2021 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. Independent Stude	nt's Information			
Student's Last Name	Student's First Name	Student's M.I.	Student's ID 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 Compl	letion Status			
Provide <u>one</u> of the fol 2020– 2021:	llowing documents that indi-	cate your high school	completion status when the student begins	college in
 For students who other similar doc A copy of the stu A state certificate recognizes as the An academic trar credit toward a b For a student who credential for hor For a student who completion crede equivalent, signe 	ument. Ident's final official high school of e or transcript received by a equivalent of a high school ascript that indicates the stud achelor's degree. It was homeschooled in a sta meschooling (other than a high of was homeschooled in a sta ential for homeschooling (oth d by the student's parent or a he student successfully com	nool transcript that sho student after the stude diploma (GED test, I dent successfully comp ate where state law rec igh school diploma or ate where state law do her than a high school guardian, that lists the	ows the date when the diploma was awarded ent passed a State-authorized examination to HiSET, TASC, or other State-authorized examination to pleted at least a two-year program that is acquires the student to obtain a secondary school its recognized equivalent), a copy of that cress not require the student to obtain a second diploma or its recognized equivalent), a trasecondary school courses the student complete the student complete the student of the secondary school courses the student complete the student in a homeschool setting.	d. hat the State amination). ceptable for full ool completion redential. dary school anscript, or the
	has submitted a final officia information for the verificat		ent to the Admissions Office. The financial	aid administrato
			equivalent. <i>The student's admissions file on</i> equivalent has been received.	the verification

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:
Identity and Statement of Educational Pu	rpose	
To be signed at the institution:		
The student must appear in person at		to verify his or her identity
	ame of Postsecondary Educational Ins	
by presenting an unexpired valid government-iss state-issued ID, or passport. The institution will a date it was received and reviewed, and the name	maintain a copy of the student's pl	noto ID that is annotated by the institution with the
In addition, the student must sign, in the presence	e of the institutional official, the S	tatement 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 idea	ntity, the student must provide to the Institution:
A. A copy of the unexpired valid government-i or that is presented to a notary, such as, but		t is acknowledged in the notary statement below, ther state-issued ID, or passport; and
		e notarized. If the notary statement appears on a indication that the Statement of Educational
Sta	tement of Educational Purpos	se
I certify that I	am the individual si	gning this Statement of Educational Purpose
(Print Student's Name)	am the marvidual sig	gining this Statement of Educational Luipose
and that the federal student financial assistance I	may receive will only be used for	educational purposes and to pay the cost of
and the reactal student maneral assistance i	may receive will only be used for	concerns purposes and to pay the cost of
attending		for 2020-2021.
(Name of Postsecondary	Educational Institution)	
Student's Signature	Date	Student's ID Number
Authorized Institutional Official's Signature		_
Notarv	's Certificate of Acknowledge	ement
-	_	
State of		
On, before me,		, personally appeared,
(Date)	(Notary's Printed Name)	is of satisfactory evidence of identification
(Printed Name of Signer)	, and provided to the on ous	is of substactory evidence of identification
	_to be the above-named person wh	o signed the foregoing instrument.
(Type of government-issued photo ID provided)	-	
WITNESS my hand and official seal:		
		My commission expires on
(Notary signature)	(Seal)	(Date)

C.

Each person signing below certifies that all of the		
information reported is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional	WARNING: If you purposely give false or misleading information you may be fined, b sentenced to jail or both.	
Student's Signature	Date	
Spouse's Signature (if applicable)	Date	

Student's Name:

_SSN: ____

Submit this worksheet to the financial aid administrator at your school.

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