

The College of Saint Rose

The Office of Financial Aid, 432 Western Avenue, Albany, NY 12203

Phone: (518) 458-5464

2013-2014 V4 CUSTOM VERIFICATION WORKSHEET

Your 2013-2014 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that, before awarding Federal Student Aid, we may ask you to confirm the information you and your parents/spouse 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 with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit these forms to the Office of Financial Aid. We may ask for additional information. If you have questions about verification, please contact us as soon as possible so that your financial aid will not be delayed. **Financial Aid cannot be disbursed until the verification process is complete.**

A. STUDENT INFORMATION

Last Name First Name M.I. Saint Rose ID

Phone Number Social Security Number

B. HIGH SCHOOL COMPLETION STATUS

Your high school completion status must be verified. Please submit ONE of the following documents:

PLEASE NOTE: *If a box is already checked and a signature appears on the "VERIFIED BY" line, we have already received your high school completion documentation. In that case, disregard this section.*

- Copy of student's high school diploma.
- Copy of student's final official high school transcript showing the date when the diploma was awarded.
- Copy of the student's General Educational Development (GED) certificate or GED transcript.
- An academic transcript showing successful completion of at least a two-year program that is **acceptable for full credit** toward a bachelor's degree.

For Home-Schooled Students:

- Transcript signed by student's parent or guardian that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a home-school setting.
- State issued secondary school completion credential for home school.

VERIFIED BY: _____ DATE: _____
(Financial Aid Official's Signature)

C. SNAP BENEFITS

Please check ONE box below regarding benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program):

- No one from your household, as listed on your FAFSA, received benefits from SNAP during 2011 or 2012.
- One or more of the persons from your household, as listed on your FAFSA, received SNAP benefits during 2011 or 2012. *Additional documentation from the agency that issued the SNAP benefits may be requested.*

D. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

***ATTENTION* Please choose and complete Section I OR Section II:**

SECTION I

(TO BE SIGNED IN FRONT OF A FINANCIAL AID OFFICIAL AT SAINT ROSE)

The student must appear in person at The College of Saint Rose, Office of Financial Aid, to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID. **The following section must be signed in the presence of a Saint Rose Financial Aid Official:**

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of
(Print Student's Name)

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 The College of Saint Rose for 2013-2014.

Student's Signature: _____ Date: _____ ID #: _____

SECTION II

(TO BE SIGNED WITH NOTARY)

If the student is unable to appear in person at The College of Saint Rose to verify his or her identity, the student must provide:

- (a) A copy of the **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; **AND**
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of
(Print Student's Name)

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 The College of Saint Rose for 2013-2014.

Student's Signature: _____ Date: _____ ID #: _____

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____,
(Date) *(Notary's name)*

personally appeared, _____, and proved to me on the basis of
(Printed name of signer)
satisfactory evidence of identification _____

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

WITNESS my hand and official seal:

Notary Signature: _____ My commission expires on _____
(Date)

E. CHILD SUPPORT PAID

Please complete ONE of the following:

No member of the student’s household, as listed on the FAFSA, paid child support in 2012.

The student, the student’s spouse (for an independent student) or at least one of the student’s parents, as listed on the FAFSA, paid child support in 2012. Complete the worksheet below to report any child support **paid** by the student, student’s spouse or student’s parent(s) during the calendar year of 2012 because of divorce or separation or as a result of a legal requirement. *Additional documentation may be requested.*

Name of Person Listed on the FAFSA Who <u>Paid</u> Child Support	Name of Person <u>to</u> Whom Child Support was Paid	Name of Child <u>for</u> Whom Child Support Was Paid	Child Support Paid in 2012
			\$
			\$
			\$

F. CERTIFICATIONS AND SIGNATURES

Each person signing below certifies that all of the information reported on this worksheet is complete and correct. The student, student’s spouse (if married) and one parent whose information was reported on the FAFSA must sign and date. Please sign the section below that applies to your FAFSA information. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Dependent Student ONLY (*students who were required to supply parental data on FAFSA*):

Student’s signature: _____ Date: _____

Parent’s signature: _____ Date: _____

Independent Student ONLY (*students who were not required to supply parental data on FAFSA*):

Student’s signature: _____ Date: _____

Spouse’s signature: _____ Date: _____

Submit this completed form and required financial documents to:

The College of Saint Rose
Office of Financial Aid
432 Western Avenue
Albany, NY 12203

**THIS FORM MUST BE DELIVERED IN PERSON OR COMPLETED WITH A NOTARY AND MAILED.
FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED.**

If you have any questions about this worksheet, please contact us at (518) 458-5464 or finaid@strose.edu.

FOR OFFICE USE ONLY

Documentation attached:

Valid ID viewed / copied:

Viewed and verified by: _____ Date: _____