

2022-2023 Independent Verification Worksheet

V4- Independent Student

Your Free Application for Federal Student Aid (FAFSA) application was selected by the U.S. Department of Education for a process called "Verification". Gallaudet University's Financial Aid Office will compare information reported on your FAFSA with information from this form and other documents provided.

<u>Under the law, Gallaudet University has the right to ask you for this information before awarding federal and state aid. If you do not complete verification, you are not eligible to receive any need-based financial aid.</u>

Instructions:

Signature:___

- 1. Complete all sections of this worksheet in full.
- 2. Please return all documents requested using one of the following methods:
 - ➤ Drop off in Chapel Hall, G-02
 - Mail to: Gallaudet University Office of Financial Aid 800 Florida Avenue NE Washington, DC 20002

Section 1: Student's Information

Student Name: (last, first, middle initial):				
Student's Gallaudet ID:				
Student's Date of Birth (mm/dd/yyyy):				
Student's Street Address: (include apt #)				
City, State, Zip Code:				
Section 2: Ink Signature I certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information, I could be fined, jailed, or both. Note: If we have some reason to believe the information reported on this form is not accurate, we may require additional documentation. <u>Electrical signature is not acceptable</u> . Student's Full Name:				
Signature:	Date:			
Spouse's Full Name (if married):				

Date:__

2022-2023 Identity and Statement of Educational Purpose (To Be Signed IN PERSON AT THE FINANCIAL AID OFFICE)

You must appear in person at Gallaudet University's Financial Aid Office to verify your identity by presenting a valid government-issued photo identification (ID), such as a driver's license, other state-issued ID, or passport. In addition, you must sign, in the presence of the Financial Aid staff, the following:

Statement of Educational Purpose

I certify that I,	, am the individual sigr	ning this Statement of Educational
Purpose and that the federal student financial a	assistance I may receive w	rill only be used for educational
purposes and to pay the cost of attending Galla	audet University for 2022-2	2023.
(Student's Signature)	(Date)	(Student's ID Number)
Financial Aid Office Use Only:		
☐ Student presented in office; Notary not neces	ssary.	
Statement Received By:	Date:	
If you are unable to appear in person at the Fin copy of a government issued ID listed above.	ancial Aid Office, this form	n must be notarized and mailed with a
Notary's Cer	tificate of Acknowledger	ment
State of		
City/County of		
On, before me,		
(Date)	(Notary's name)	
personally appeared,		, and provided to me
•	ame of signer)	
on basis of satisfactory evidence of identification	(Type of government-iss	
to be the above-named person who signed the	` ', '	saca prioto ib proviaca)
WITNESS	my hand and official se	al
(Notary signature)		(Seal)
My commission expires on		
(Date)		