

# Custom Verification Worksheet

## 2022-2023 Academic Year

V4

Your **2022-2023** 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 reported on your FAFSA. You 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. If you have questions about verification, contact your financial aid administrator as soon as possible so your financial aid will not be delayed.

### A. Student Information

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Social Security Number	_____ ctcLink ID Number	_____ Date of Birth

### B. Identity and Statement of Educational Purpose

- You can appear in person at Shoreline Community College, 16101 Greenwood Ave N, Shoreline, WA 98133 to verify their 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 **OR**
- Submit copies of the required verification documents electronically. This may occur by uploading a photo of the documents (including from a smartphone), PDF, or other similar electronic document through a secure portal at the institution, by email, etc. Please copy front and back of document.
- An electronic signature using a stylus or finger to sign the statement, or an image of the individual's signature affixed to the statement is accepted in lieu of obtaining a wet signature.

### Statement of Educational Purpose

I certify that I, **(please print your name)** \_\_\_\_\_ 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 Shoreline Community College for 2022-2023.

_____ Student's Signature	_____ Social Security Number	_____ Date
Witnessed By: _____ Financial Aid Staff Member's Name and Signature		_____ Date

### Required Certification and Signature(s):

**Each person signing this worksheet certifies that all of the information reported on it is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both. Do not mail this worksheet to the U.S. Department of Education.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if dependent)

\_\_\_\_\_  
Date