

Financial Aid Office 2024-2025 VERIFICATION WORKSHEET

V4 2024-2025 CUSTOM

Federal Student Aid Programs

Your application was selected by the Department of Education (ED) for review in a process called "Verification". In this process, the financial aid office will verify your high school completion status, verify your identity, and require you sign a statement of educational purpose. Federal Law allows the college the right to ask you for this information before awarding Federal student aid. If there is a difference between your FAFSA and information verified, the college will make required corrections electronically.

Complete this verification form and submit it to the financial aid office as soon as possible. The financial aid office cannot process your application without this information. *INCOMPLETE or ILLEGIBLE WORKSHEETS MAY DELAY PROCESSING*

1. Student Inforr	mation			
Last Name	First Name	M. I.	Social security number	
Date of birth	Phone number (include a	area code)	ctcLink ID number	
	Ident* red dependent if he/she was required to mation on the FAFSA.	☐ Independent Student** **A student is considered independent if he/she was not required to provide parental information on the FAFSA.		
2. Student – Idei	ntity Verification			
passport). The financia		ENTIFICATIO	n (driver's license, state identification card, or DN IS NOT ACCEPTABLE. Also, federal law	
OR				
	ENTIFICATION IS NOT ACCEPTABLE. Als		ation (driver's license, state identification card, or prohibits copying military ID, therefore we	
3. Student – Sta	tement of Educational Purpose			
☐ I am appearing in pe	erson to sign the statement below (MUST si	gn statement	in front of a financial aid staff member).	
	r in person to submit the statement below, a does not reimburse any notary fees that ma			
I, the cost of attending the	certify that the federal financial following institution:	aid I receive w	vill ONLY be used for educational purposes to pay	
☐ Olympic College (Bre	emerton, Shelton, and/or Poulsbo campuses).		
Student	Date			

Notary use only				
SUBSCRIBED AND SWORN	l before me this	day of	, 20	
appeared before me, and sai		of person)	tional Purpose and	e person who
		Notary Public in and for	the State of	(signed)
		Notary Public in and for	the State of	(Print)
		My Commission expirati	My Commission expiration date	
and understands the Statem	certifies that all the information of the certifies that all the information of the certifies that all the information of the certifies that all the certifies that all the information of the certifies the certifi	reported on it is complete and correct rependent student and at least one pa The Financial Aid Office requires the a	arent must sign an	d date. If studer

Office use only

Received	Scanned	Posted	
		Code: V4	
		Form last updated: DEC22FM	