



Financial Aid Office Verification (V4) Worksheet

OFFICE OF FINANCIAL AID
1600 CHESTER AVENUE
BREMERTON, WA 98337-1699
PHONE: (360) 475-7279

Your 2025–2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. This process will verify that you provided correct information on your FAFSA. If there are differences, your FAFSA information may need to be corrected. You and one parent whose information was reported on the FAFSA must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to our office. Complete and submit this form to the financial aid office as soon as possible otherwise your FAFSA application cannot be processed.

A. Student Information

(NOTE: A student is considered dependent if he/she was required to provide parental information on the FAFSA)

Last Name First Name MI ctcLink ID (SID)

Date of birth Phone number Social Security Number

Dependency Status:
 Dependent
 Independent

B. Student – Identity Verification

(NOTE: Federal law prohibits copying military ID, therefore we cannot accept military ID)

You will need to provide a valid, unexpired government-issued photo identification to verify your identity with the financial aid department. Let us know how you will provide this document.

- Check only one box below:
- ☐ I am appearing in person with valid identification
 - ☐ I am appearing over a video call with valid identification
 - ☐ I am proving my identity by having this statement notarized with an embossed stamp
 - ☐ I have provided identity verification issued by the institution where I am currently confined or incarcerated

C. Sign the Worksheet

Student/Parent Certification Statement: By submitting this form, I certify that all the information above is complete and correct.

Student Signature Date Parent Signature (DEPENDENT) Date

D. Notary's Certificate of Acknowledgement (only if notary is required)

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

SUBSCRIBED AND SWORN before me this _____ day of _____, 20_____

I certify that I know or have satisfactory evidence that (name of person)_____ is the person who appeared before me, and said person acknowledged that (he/she) signed the Statement of Educational Purpose and acknowledged it to be (his/her) free and voluntary act for the use and purpose mentioned in this instrument.

Place seal here.

_____(signed)
Notary Public in and for the State of _____

_____(Print)
Notary Public in and for the State of _____

My Commission expiration date

Financial Aid Office | Verification (V4) Worksheet Page 2 (OPTIONAL) | To be filled out and physically submitted or mailed to the Financial Aid Office of Olympic College | For more information, call (360) 475-7279