

2023-2024 Dependent Verification Worksheet

V4- Dependent 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</u> aid. If you do not complete verification, you are not eligible to receive any need-based financial aid.

Instructions:

1. Complete all sections of this worksheet in full.

Signature:_____

- 2. Please return all documents requested using one of the following methods:
 - > Drop off: Financial Aid Office at 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:		
purposely give false or misleading info	ed on this worksheet is complete and correct. I understand that if I ormation, I could be fined, jailed, or both. Note: If we have some rea is form is not accurate, we may require additional documentation. <u>E</u>	
Student's Full Name:		
Signature:	Date:	
Parent's Full Name:		

2023-2024 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 institutional official, the following:

Statement of Educational Purpose _____, am the individual signing this Statement of Educational I certify that I, ___ 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 Gallaudet University for 2023-2024. (Student's Signature) (Date) (Student's ID Number) Financial Aid Office Use Only: □ Student presented in office, Notary not necessary. Statement Received By: ______Date: _____ If you are unable to appear in person at the Financial Aid Office, this form must be notarized and mailed with a copy of a government issued ID listed above. **Notary's Certificate of Acknowledgement** State of _____ City/County of _____ ____, before me, _____ On (Notary's name) _____, and provided to me (Date) personally appeared, (Printed name of signer) on basis of 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) (Seal) My commission expires on _____

(Date)