2023-2024 INDEPENDENT

AGGREGATE VERIFICATION GROUP

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School:				
Student Name:			SSN:	
Your 2023-2024 Free Application for Federal Student Aid (F Student Aid, we may ask you to confirm the information you the information on this institutional verification document and corrected. You must complete and sign this institutional verification ask for additional information. Should additional spaddition, you will need to sign and date each additional sheed delayed.	u reported on yound with any other ification documpace be require	our FAFSA. To verify that you er required documents. If there nent, attach any required docu ed for any of the below fields, a	provided correct information, e are differences, your FAFSA iments, and submit the form ar a separate sheet may be attac	we will compare your FAFSA with A information may need to be and other required documents to us. ched to complete the data. In
A. STUDENT'S FAMILY INFORMATION				
List below the people in the student's household. Include: Y support for from July 1, 2023 through June 30, 2024, even than half of their support and will continue to provide more the member who will be enrolled at least half-time in a degree, of 2023, and June 30, 2024.	if a child does than half of the diploma, or cer	not live with the student. Inclu eir support through June 30, 20 rtificate program at an eligible	ude other people if they now liv 024. Include the name of the c postsecondary educational in	ve with you and you provide more college for any household nstitution any time between July 1,
Full Name	Age	Relationship	College	At Least 1/2 Time
	4	self		Yes
	+			
	+			
	+	+		
B. STUDENT'S INCOME INFORMATION TO BE VE	ERIFIED - Ch	neck boxes that apply		
1.) TAX FILERS				
Ustudent, Uspouse, Usoth: - used the IRS Data Retrieval Tool within the FAFSA On T Student, Spouse, Both: - unable or choose(s) not to use the IRS Data Retriev Tax Return Transcript(s) or a signed and dated 2020 IR:	eval Tool within	FAFSA on the Web, and inste s) and all applicable schedules	ead will provide the school a 20 s.	2021 IRS
2.) NON-TAX FILERS - ONLY complete this section Student, Spouse, Both: - was not employed in 2021, and therefore, didn't have dated on or after October 1, 2021, will need to be included your Financial Aid Counselor. Student, Spouse, Both: - employed in 2021 and has listed below the names of the student and spouse by their employers. List ever from the IRS or other relevant taxing authority dated or Filing Form available from your Financial Aid Counselo	ve any income uded. If the stude of all 2021 empery employer even or after Octobor.	earned from work. Confirmation dent is not able to obtain, pleast ployers and the amount earned ven if the employer did not issued to the student is not the student in the student is not the student in the student in the student is not the student in the studen	tion of non-filing from the IRS of se complete the Verification of set from each. Provide copies of sue an IRS W-2 form. Please a not able to obtain, please comp	or other relevant taxing authority of Non-Filing Form available from of all 2021 IRS W-2 forms issued attach confirmation of non-filing
Employer's Name - ONLY COMPLE	TE IF NOT F	ILING 2021 INCOME TAX	RETURN	2021 Amount Earned
				\$
				\$
O OTHER MEDITION TO BE VEDICIED				\$
C. STUDENT'S OTHER INFORMATION TO BE VERIFIED				
HIGH SCHOOL COMPLETION STATUS - Check the box completion status when the student begins college in 2 Documentation of high school completion obtained p Copy of student's high school diploma Copy of the student's final official high school transcript a state certificate or transcript received by a student examination) that the State recognizes as the equivalent of the student successfull if State law requires a homeschool student to obtain equivalent), a copy of that credential if State law does not require a homeschool student to recognized equivalent), a transcript or the equivalent and includes a statement that the student successfull DD214 indicating that the individual is a high school cannot obtain any other documentation that confirms Other	prior to the 202 cript that shows t after the stude alent of a High n a foreign cour lly completed at n a secondary s to obtain a seco nt, signed by the lly completed at graduate or eq	23-2024 award year s the date when the diploma waent passed a State-authorized School diploma ntry, a copy of the "secondary at least a two-year program that school completion credential for condary school completion crede student's parent or guardian, a secondary school education quivalent (Note - this option sh	ras awarded I examination (GED test, HiSE r school leaving certificate" or of at is acceptable for full credit to or homeschool (other than a hi dential for homeschool (other) to, that lists the secondary scho in a homeschool setting. hould only be used if the stude	eT, TASC, or other State-authorized other similar document oward a bachelor's degree high school diploma or its recognized than a high school diploma or its pool courses the student completed
* A student who is unable to ob	otain the do	ocumentation listed ab	ove must contact the	financial aid office.

2023-2024 INDEPENDENT AGGREGATE VERIFICATION GROUP School: Student Name: SSN: D. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE – Student must sign the below statement (this does not replace the required signature(s) at the bottom of this form) in person and their unexpired government-issued photo ID kept on file. If they cannot be present at the school they must sign the statement in front of a Notary with the Notary's information also completed. The School representative must sign confirming they have copied the unexpired government-issued ID and will ensure it is maintained at the institution for the required Title IV record retention period. Check the box that applies: In Person at the School In Person in Front of a Notary

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To be signed at the institution)

The student must appear in person	at		to verify his	s or her id	entity by presentir
	•	f Post Secondary Educational Institution)			
an unexpired government-issued ph	oto identification (ID), such	as, but not limited to, a driver's lic	ense, other state-iss	ued ID, or	passport. The
institution will maintain a copy of the name of the official at the institution			e date it was received	d and revi	ewed and the
Statement of Educational	Purpose				
certify that I		am the individual sign	ing this Statement of	f Educatio	nal Purpose
	Print Student's Name)		•		
nd that the Federal student financia	I assistance I may receive w	vill only be used for educational pu for 2023-2024.	urposes and to pay th	ne cost of	attending
(Name of Post Secondary Educa	itional Institution)				
(Student's Signatu					
(Student's Signatu	.e)	(Date)			
		(Buto)			
0 1000 10 (10 (1					
School Official Certificati	<u>on</u>				
		government-issued ID		on	<u> </u>
have received and reviewed			·- · · · · · ·		(= · · · · · · · · · · · · · · · · · · ·
	(Student Name)		(Type of ID)		(Date reviewed)

Continued on 3rd page

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		SSN:				
IDENTITY AND STA	ATEMENT OF EDUCATIONA	L PURPOSE (To be sig	ned in the presence of a Notary)			
The student is unable to appear ir	n person at		to verify his or her identity,			
		f Post Secondary Educational Instit	cution)			
he student must provide to the in	•	ion (ID) that is a skyrovyladovad i	- 4b 4			
	uch as, but not limited to, a driver's	· · ·	n the notary statement below or that is or passport; and			
(b) The original Statement of	f Educational Purpose, provided be	low, which must be notarized.	If the notary statement appears on a			
separate page than the	Statement of Educational Purpose,	there must be a clear indicatio	n that the Statement of Educational			
Purpose was the docun	nent notarized.					
Statement of Education	al Purpose					
certify that I	(Print Student's Name)	am the individual signing	this Statement of Educational Purpose and			
nat the Federal student financial	assistance I may receive will only b	e used for educational purpose	es and to pay the cost of attending			
	, ,	for 2023-2024.	, ,			
(Name of Post Seconda	ary Educational Institution)	-				
(Student's	s Signature)	(Date)	_			
Notary's Certificate of A	cknowledgement					
	-		_			
State of	,City/County of		On,			
	,City/County of	. personally appeared.	On, (Date)			
	-	, personally appeared,				
efore me,	,City/County of		(Date) (Printed Name of Signer) to be the above-named			
efore me,	,City/County of (Notary's Name) sfactory evidence of identification	, personally appeared, (Type of Government-Issued P	(Date) (Printed Name of Signer) to be the above-named			
pefore me,	,City/County of (Notary's Name) sfactory evidence of identification instrument.		(Date) (Printed Name of Signer) to be the above-named			
efore me,nd proved to me on basis of sati	,City/County of (Notary's Name) sfactory evidence of identification instrument.	(Type of Government-Issued P	(Date) (Printed Name of Signer) to be the above-named hoto ID Provided)			
efore me,nd proved to me on basis of sati	,City/County of (Notary's Name) sfactory evidence of identification instrument. WITNESS m	(Type of Government-Issued P	(Date) (Printed Name of Signer) to be the above-named			
perfore me,and proved to me on basis of satisfiers on who signed the foregoing in	,City/County of (Notary's Name) sfactory evidence of identification instrument. WITNESS m (Notary's Signature)	(Type of Government-Issued P	(Date) (Printed Name of Signer) to be the above-named hoto ID Provided) mission Expires On:			
efore me,	,City/County of (Notary's Name) sfactory evidence of identification instrument. WITNESS m (Notary's Signature)	(Type of Government-Issued Pi ny hand and official seal My Com	(Date) (Printed Name of Signer) to be the above-named hoto ID Provided) mission Expires On:			
perfore me,	,City/County of (Notary's Name) sfactory evidence of identification instrument. WITNESS m (Notary's Signature)	(Type of Government-Issued Pi ny hand and official seal My Com	(Date) (Printed Name of Signer) to be the above-named hoto ID Provided) mission Expires On: (Date)			
perfore me,	,City/County of (Notary's Name) sfactory evidence of identification instrument. WITNESS m (Notary's Signature)	(Type of Government-Issued Pi ny hand and official seal My Com	(Date) (Printed Name of Signer) to be the above-named hoto ID Provided) mission Expires On: (Date) t reported on the FAFSA must sign and date. WARNING: If you purposely give false or			
perfore me,	,City/County of (Notary's Name) sfactory evidence of identification instrument. WITNESS m (Notary's Signature)	(Type of Government-Issued Pi ny hand and official seal My Com	(Date) (Printed Name of Signer) to be the above-named hoto ID Provided) mission Expires On: (Date)			