



# Custom Verification Group – V4 2016-2017

\_\_\_ Independent

\_\_\_ Dependent

Your 2016–2017 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. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need correcting. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may request additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

\_\_\_\_\_  
Student’s Last Name                      First Name                      M.I.

\_\_\_\_\_  
Student’s Identification (ID) Number

\_\_\_\_\_  
Student’s Street Address (include apt. no.), City, State, Zip Code

\_\_\_\_\_  
Student’s Date of Birth

\_\_\_\_\_  
Student’s Home Phone Number (include area code)

\_\_\_\_\_  
Student’s Alternate or Cell Phone Number

## High School Completion Status

Provide one of the following documents that indicate the student’s high school completion status when the student will begin college in 2016–2017:

- A copy of the students’ High School Diploma
- A copy of the students’ final Official High School Transcript that shows the date when the diploma was awarded
- A copy of the students’ General Educational Development (GED) Certificate of GED Transcript
- If state law does not require a homeschooled student to obtain a Secondary School Completion Credential for home school (other than a high school diploma or its recognized equivalent), a transcript or equivalent, signed by the student’s parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of secondary School Education in a home school setting.

A student who is unable to obtain the documentation listed above must contact the financial aid office.

\_\_\_ **I have provided, at least one of the above documents, to UA Cossatot.**

## SNAP/Child Support Paid Verification

I, or someone in my household, received SNAP/EBT benefits in 2015.

I, or someone in my household, paid child support in 2015. **If checked, please provide information below.**

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
<i>John Smith (example)</i>	<i>Pam Smith (example)</i>	<i>Jill Smith (example)</i>	<i>\$2546.00 (examples)</i>

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

UA Cossatot - Office of Financial Aid. 183 College Drive – De Queen, AR – 71832– (870) 584- 4471 or (800) 844- 4471 FAX (870) 642-8766

**\*Complete this page only if you are mailing this form\***

**Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)**

If the student is unable to appear in person at the Cossatot Community College of the U of A to verify his/her identity, the student must provide:

1. A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below; such as, but not limited to, a driver's license, other state-issued ID, or passport.
2. The original notarized Statement of Educational Purpose provided below:

**\* This worksheet may not be faxed nor e-mailed. The original form must be mailed to UAC.\***

**Identity and Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cossatot Community College of the University of Arkansas for 2017–2018.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On \_\_\_\_\_,  
(Date)

before me, \_\_\_\_\_ personally appeared,  
(Notary's Name)

\_\_\_\_\_, and provided to me on the basis of satisfactory evidence of  
(Printed Name of Signer)

identification \_\_\_\_\_ to be the above-named person who signed the  
(Type of unexpired government-issued photo ID provided)

foregoing instrument. **WITNESS my hand and official seal**

(Seal)

My commission expires on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary Signature)

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## Identity and Statement of Educational Purpose (to be signed at institution)

The student must appear in person at **UA Cossatot** to verify his or her 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. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

**In addition, the student must sign, in the presence of the institutional official, the following:**

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's Name)

And that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cossatot Community College of the University of Arkansas for 2017–2018.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

### UAC Financial Aid Office Use Only:

I verify that this student, is the said student, which has signed and dated the above document, and they have provided a valid unexpired photo identification.

\_\_\_\_\_  
(Signature/Title)

\_\_\_\_\_  
(Date Received)

### Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and accurate. The student and one parent whose information was reported on the FAFSA must sign and date.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student ID Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Date

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