



2017-2018 Verification Worksheet

Dependent Student – Tracking Group V4

Your 2017-18 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 and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Section A: Student Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Phone Number (include area code)			Student's ECCC ID Number

Section B: High School Completion Status

One of the following documents must be provided to the Admissions Office that will indicate the student's high school completion status when the student begins college in 2017-2018.

- ☐ A copy of the Student's final official high school transcript, showing the date the high school diploma was awarded.
- ☐ A copy of the Student's General Education Development (GED) certificate or GED transcript.
- ☐ An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a Bachelor's degree.
- ☐ The student was homeschooled and the student's home state law requires a student to obtain a secondary school completion credential. A copy of that credential has been submitted to ECCC's Admission's Office.

Section C: Certification and Signatures

WARNING:
IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, PROSECUTED FOR FRAUD, SENTENCED TO JAIL, AND/OR FACE OTHER CHARGES, AND WILL HAVE TO REPAY ANY FINANCIAL AID FUNDS YOU RECEIVED.

By signing this worksheet, I (we) certify that all information reported to qualify for student financial aid is complete and correct, and I (we) have attached all documentation as required to this statement.

The student and one parent (one listed on both FAFSA and in the household on this worksheet) must sign and date.

Student Signature	Date	Parent Signature	Date
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****If you are unable to bring this completed document to the East Central Community College Financial Aid office, please complete the back portion of this form in front of a notary. ****

Student Name: _____

Student ECCC ID Number: _____

Section D: Identity and Statement of Educational Purpose

SECTION D is ONLY to be completed in person at the Institution or in front of a Notary.

The student must appear in person at East Central Community College 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 office at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Education Purpose provided below. *If you cannot appear in person to sign this Statement of Educational Purpose, you will need to provide a copy of your government issued ID and this Statement of Educational Purpose notarized by a public notary.*

STATEMENT OF EDUCATION PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose
(Printed 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 East Central Community College for 2017-2018.

_____ Student's Signature	_____ Date	_____ Financial Aid Administrator's Signature	_____ Date
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Notary's Certificate of Knowledge

State of _____ City/County of _____ on _____

before me, _____ personally appeared, _____
(Notary's Name) (printed name of signer)

and proved to me on basis of satisfactory evidence of identification _____ to be the above-named
(Type of government-issued photo ID provided)

person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary Signature)

(Date Commission Expires)

(Seal)

This form should be submitted to the East Central Community College Financial Aid Office. It may be mailed, emailed, faxed, or brought into our office.

**East Central Community College Financial Aid Office
P O Box 129 Decatur, MS 39327
PH 601-635-6326 FAX 601-635-5216**

East Central Community College is an equal educational and employment opportunity provider.