

2017-2018 Verification Worksheet

Independent 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 spouse (if married) 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 must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid office at East Central Community College. You may asked for additional information. If you have questions about verification, contact your financial aid office as soon as possible so that your financial aid will not be delayed.

Section A: Student In	nformation			
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 Scho	ool Completion Status			
college in 2017-2018.	s must be provided to the Admissions O ent's final official high school transcript,		dent's high school completion status when the hool diploma was awarded.	the student begins
	ent's General Education Development (C		script. ear program that is acceptable for full credit	toward a Bachelor's
	meschooled and the student's home state submitted to ECCC's Admission's Office		tain a secondary school completion credenti	al. A copy of that
Section C: Certificat	ion and Signatures			
IF YOU PURPOSELY GIVE FALSE		WARNING: ORKSHEET, YOU MAY BE FINE TO REPAY ANY FINANCIAL AID	D, PROSECUTED FOR FRAUD, SENTENCED TO JA FUNDS YOU RECEIVED.	AIL, AND/OR FACE OTHER
	I (we) certify that all information tation as required to this stateme		student financial aid is complete and	correct, and I (we)
The student must sign and date	-			
Student Signature	Date		Spouse Signature (optional)	Date

**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:
stadent Name.	Stadent Leec ID Namber.

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 ED	UCATION PURPOSE		
I certify that I(Printed	am the individual signing this Statement of Ed	ducational Purpose		
and that the Federal student financial assi	,	ed for educational purposes and to pay the cost of att	ending East Central	
Community College for 2017-2018.				
Student's Signature	Date	Financial Aid Administrator's Signature	Date	
	Notary's Certific	cate of Knowledge		
State of	City/County of		on	
before me,	pe	rsonally appeared,		
(Notary's Name)		(printed name	(printed name of signer)	
and proved to me on basis of satisfactory evic			to be the above-named	
	(Ty	pe of government-issued photo ID provided)		
$person\ who\ signed\ the\ foregoing\ instrument.$				
WITNESS my hand and official seal	(Notary Signature)	(D	ate Commission Expires)	
(Seal)		· ·	1 ""	

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.