

2018-2019 Verification Worksheet

Independent Student - Tracking Group V4

Your 2018-19 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 I	nformation			
Section A. Student I	mormation			
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 (inclu	ude area code)	Student's ECCC ID Number		
Section B: High Scho	ool Completion Status			
college in 2018-2019. A copy of the Stud A copy of the Stud An academic transdegree. The student was he	ent's final official high school transcript, ent's General Education Development (C cript that indicates the student successful omeschooled and the student's home state a submitted to ECCC's Admission's Office	showing the date the high so GED/HSE) certificate or GED ly completed at least a two-y		toward a Bachelor's
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IF YOU PURPOSELY GIVE FALSE		WARNING: 'ORKSHEET, YOU MAY BE FINE TO REPAY ANY FINANCIAL AII	D, PROSECUTED FOR FRAUD, SENTENCED TO JA D FUNDS YOU RECEIVED.	AIL, AND/OR FACE OTHER
	, I (we) certify that all information ntation as required to this stateme		student financial aid is complete and	correct, and I (we)
The student must sign and date	this form.			
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:
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 an unexpired 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.

COLUMNIC OF EDUCATION DUDDOCE

	STATEMENT OF ED	OUCATION PURPOSE			
I certify that I	am the individual signing this Statement of Educational Purpose				
(Printed	Student's Name)				
and that the Federal student financial assis	stance I may receive will only be use	ed for educational purposes and to pay the cost of	attending East Central		
Community College for 2018-2019.					
Student's Signature	Date	Financial Aid Administrator's Signature	Date		
	Notary's Certificate	of Acknowledgement			
State of	City/County of		on		
before me.	pe	rsonally appeared,	(Date)		
(Notary's Name)		(printed name of signer)			
and proved to me on basis of satisfactory evid	ent of identification		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)		(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.