

2017 - 2018 #Household/College Verification Document Independent Student - Tracking Group V1

Your 2017-2018 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. Requests for additional information will be sent to your home address. Please ensure the address on file at Robeson Community College is correct to ensure delivery of such requests.

St	udent's Last Name	Student's First Name	Student's M.I.	Student's SSN or ID Number
St	udent's Street Address (ir	nclude apt. no.)		Student's Date of Birth
Cit	y	State	Zip Code	Student's Email Address
St	udent's Home Phone Nu	mber (include area code)		Student's Alternate or Cell Phone Number
		,		
ent's	Family Information	,		
		ousehold. Include:		
	Family Information			
belo	Family Information w the people in your h)		
belo	Family Information w the people in your h Yourself. (Parent 1 Your Spouse, if you)		
belo	w the people in your h Yourself. (Parent 1 Your Spouse, if you Parent 2, If unman You children if you) I are married, ried and they live in the home. will provide more than half of their s rmation if they were completing a F		ough June 30, 2018, or if the child would be require children who meet either of these standards, eve

diploma, or certificate program at a postsecondary educational institution any time between July 1, 2017 and June 30, 2018. If more space is

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Missy Jones (example)	18	Self	Anywhere University (example)	Yes

needed, attach a separate page with the student's name and Social Security Number at the top.

Student's Name:	Student ID Number:
Certification and Signatures	WARNING: If you purposely give false or misleading Information on this document, you may be fined, be sentenced to jail, or both.
Each person signing this document certifies that all of must sign and date.	the information reported on it is complete and correct. The student (spouse optional)
Student's Signature	
Student's Signature Spouse's Signature (Optional)	Date Date
Spouse's Signature (Optional) Do not mail this de Submit this documen	

Completed form may be faxed to 910-272-3314 or emailed to <u>finaid@robeson.edu</u>