

IMPORTANT DETAILS ON COMPLETING THIS DOCUMENT

1. We strongly advise that you type your answers into the fillable fields for clarity.
2. If parent signature is required, parent must hand-sign the document. Digital signatures for parents are not allowed.
3. Do not use a mobile phone to complete this document. Doing so may result in lost data and inaccurate formatting.
4. You must save this document to your computer, or print it immediately, to prevent loss of the data you entered.
5. Students within our service area must submit documents to the Financial Aid Office in person. Distance students may submit documents via student email or postal service. The Financial Aid Office is no longer able to accept documentation via fax.
6. The fillable fields on this document may not work when opened in the Mozilla Firefox browser. We advise that you complete the form in Internet Explorer or Chrome instead.
7. You must use Adobe Reader to fill out this document across all operating systems and devices. Using the Preview app on Apple desktop, notebook, and iOS devices will result in lost data.

[Download Adobe Reader for Windows or Mac OS.](#)

[Download Adobe Reader for iOS devices at the Apple App Store.](#)

Your application was selected for review in a process called **Verification**. In this process, we will compare the information from your FAFSA application with the information provided on this form, and with any other required documents. By law, we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and the documents you provide, we will submit corrections to the federal processor. We may require additional documentation if we have reason to believe that the information contained in this or any other form submitted to the Financial Aid Office is inaccurate.

STUDENT INFORMATION

Last Name	First Name	Student ID
Mailing Address	City/State/Zip	Date of Birth
Primary Telephone	Email Address	

C. FOOD STAMP RECIPIENTS

The student/parent(s) certifies that _____, a member of the student's/parent(s) household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2015 or 2016.

CERTIFICATION: EVERYONE MUST SIGN

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

WARNING: If you purposely give false or misleading information you may be fined and/or sentenced to jail.

Print Student's Name

Student's ID

Student's Signature

Date

Parent's Signature (Required for dependent students only)

Date