

2024–2025 Verification Worksheet

Dependent Student-Tracking Group V4

Your 2024–2025 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.

			Valid Government Issued Photo ID Required	
Dependent Student's	Information			
Student's Last Name	Student's First Name	Student's M.I.	Student's SSN or ID Number	
Student's Address (include	apt. no.)		Student's Date of Birth @halifaxcc.edu	
City	State	Zip Code	Student's Email Address	
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number	
Identity and Stateme	nt of Educational Purpose (To Be s	Signed at the Institut	ion)	
The student must appear	in person at Halifax Community (Name of Postsecondary		is or her identity by presenting a unexpired valid	
institution will maintain a the institution authorized form in the presence of the Halifax Community C	o identification (ID), such as, but no copy of the student's photo ID that to collect the student's ID. If you ca a notary public. The NOTARIZED fo ollege Financial Aid Office. Photoco	ot limited to, a driver is annotated with the cannot appear in personorm along with a copyopies, faxes or email a	's license, other state-issued ID, or passport. The date it was received and the name of the official at at the Financial Aid Office, you may complete the of your government issued ID can be mailed to attachments of this document are not acceptable in the presence of the institutional official or notar	
Statement of Educationa	l Purpose			
I certify that I(Prin	t Student's Name)	he individual signing this	s Statement of Educational Purpose and that the	
(Prin	t Student's Name)		s Statement of Educational Purpose and that the coses and to pay the cost of attending	
(Prin	t Student's Name) assistance I may receive will only be us ollegefor 2024-202	sed for educational purp		

Form **DV4** (04-18-24)

Student Name:		Student ID Number:		
Notary's Certificate of Knowledge				
tate of				
ounty of				
, i	a Notary Public for	County,	(state), do hereby certify that	
Ţ.	personally appeared befo	ore me this day and acknowled	ged the due execution of the forgoing	
strument and provided to me on the ba	sis of satisfactory eviden	ce of identification		
		(Type of go	overnment issued photo ID provided)	
/itness my hand and official seal this	day of	, 20		
	Notary Public	My commission expires:		
Seal)				
C. Certification and Signatures		WARNING: If you purposely give false or misleading Information on this worksheet, you may be fined, be sentenced to jail, or both.		
Each person signing this worksheet cer must sign and date.	tifies that all of the informa	tion reported on it is complete and	d correct. The student and one parent	
must sign and date.				
Student's Signature				
-				
Parent's Signature		Date		
		he U.S. Department of Educatio cial aid administrator at your so		

You should make a copy of this worksheet for your records.

Halifax Community College / Financial Aid Office / Po Drawer 809, Weldon NC 27890 / www.halifaxcc.edu

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