

## 2026-2027

## **V4 Custom Dependent & Independent Verification Worksheet**

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. In this process the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If necessary, we will make corrections and update your FAFSA.

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	.311101101111	111116311112	4116361
	Student		461011

Name:	Student ID Number:	
Address:	Date of Birth:	
City, State, Zip:	Phone Number:	
Email:	Alternate Phone Number:	
2. Certification and Signatures  Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA are required to sign.	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	
Student's Signature (required)	Date	
Parent's Signature if Dependent Student (required)	Date	
Student Identified Be Signed at the Institution:	ty Verification	
Be Signed at the Institution:  a student must appear in person at The "W" to verify his or ntification (ID), such as, but not limited to, a driver's license, ntain a copy of the student's photo ID that is annotated with itution authorized to collect the student's ID.	her identity by presenting a valid government-issued phot, other state-issued ID, or passport. The institution will in the date it was received and the name of the official at th	
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## To Be Signed in the presence of a Notary:

If the student is unable to appear in person at The "W" to verify his or her identity, the student must provide:

- (a) A **copy of the valid** government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary such as, but not limited, to a driver's license, other state-issued ID, or passport; and
- (b) The <u>original notarized</u> Identity Verification Statement provided below. Original documents must be mailed to the The "W" Financial Aid Office, 1100 College Street, Columbus, MS 39701. Faxed or email scans will not be accepted.

## **Identity Verification Statement** (Print Student's Name) am the individual signing this Identity Verification Statement and that the Federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending The "W" for 2026-2027 Student's Signature (required) Student's ID Number **Notary's Certificate of Acknowledgement** State of \_\_\_\_\_ City/County of \_\_\_\_ before me, \_\_\_\_ City/County of \_\_\_\_\_ (Notary's name) (Date) personally appeared, \_\_\_\_\_\_, and provided to me (Printed name of signer) on the basis of satisfactory evidence of identification (Type of government-issued photo ID provided) to be the above-named person who signed the foregoing instrument. WITNESS my hand and official seal (Notary signature) My commission expires on: \_\_\_\_\_ SEAL