

2024-2025 Dependent Student Custom Verification Form

Your FAFSA was selected for a review process called "Verification." The Department of Education requires the Financial Aid Office to collect additional information before we can create your financial aid package. If there are differences between your FAFSA information, this worksheet, and/or other financial documents, the Financial Aid Office may need to make corrections to the information on your FAFSA. If you have any questions about verification, please contact the Financial Aid Office.

A. Dependent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's NCU ID Number
Student's Street Addres	s (include apt. no.)	Student's Date of Birth	
City	State	Zip Code	Student's Phone Number (include area code)
Student's Email Addres		Parent's Phone Number (include area code)	

B. Identity and Statement of Educational Purpose¹ (To Be Signed at the Institution)

The student must appear in person at <u>North Central University</u> to verify his or her identity by presenting a 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 official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I ______ am the individual signing this Statement of Educational Purpose

(Print Student's Name)

and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending <u>North Central University</u> for 2024-2025.

(Student's Signature)

(Date)

(Student's ID Number)

¹ If you cannot appear in person to submit this worksheet, contact the One Stop at 612.343.5030 for instructions.

Student's Name: _

C. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

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	Date		
Parent's Signature	Date		
For Office Use Only:			
Photo ID (type):	Name of Financial Aid Officer:		
Date Received:	Signature of Financial Aid Officer:		
	Title of Financial Aid Officer:		