

A. Independent Student's Information

2024-2025 Independent Student Custom Verification Form

One Stop/Student Finances
P: 612.343.5030
studentfinance@northcentral.edu

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.

Student's Last Name	Student's First Name	Student's M.I.	Student's NCU ID Number	
0, 1, 1, 0, , 1, 1, 1			0, 1, 4, 5, 4, 45, 4	
Student's Street Addre	ss (include apt. no.)		Student's Date of Birth	
City	State	Zip Code	Student's Phone Number (include area co	— ode)
Student's Email Addres	SS			
•		nal Purpose (To Be Sig		
If the student is unable provide:	to appear in person at <u>Nor</u>	th Central University to ver	rify his or her identity, the student must	
	alid government-issued ph	oto identification (ID) that i	is acknowledged in the notary statement	
· · · · ·	•	s license, other state-issue	-	
(b) The original not	tarized Statement of Educ	cational Purpose provided	d below.	
Statement of Education	onal Purpose			
			this Otatamant of Educational Dumana	
I certify that I(Prir	nt Student's Name)	am the individual signing	this Statement of Educational Purpose	
and that the federal stu	dent financial assistance		used for educational purposes and to pa	ay th
cost of attending North	Central University for 2024	1-2025.		
(Student's Signature)		(Student's ID Nu	(Data)	-
(Student's Signature)		(Student's ID Nu	umber) (Date)	
Notary's Certificate of	Acknowledgement			
State of		City/County of		
On	, before me, _		, personally appear	red,
(Date)		(Notary's nam	ie)	
		, and proved to me on I	basis of satisfactory evidence of identifica	ation
(Printed nar	me of signer)			
		to be the above-named pe	erson who signed the foregoing instrumer	nt.
(Type of government-is	ssued photo ID provided)	·		
WITNESS my hand an	d official seal			
My commission ovniros	on	(Notary signature	∍)	
My commission expires	(Date)		(Seal)	
	` ,		,	

C. C	ertification and Signatures	
inf	ach person signing this worksheet certifies that all of the formation 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.
	tudent's Signature	 Date
 Sr	pouse's Signature (Optional)	Date

Student's Name: