



Bucks County Community College 2017–2018 Verification Worksheet Independent Student – V4

Your 2017–2018 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 spouse reported on your FAFSA. To verify that you provided correct information the Financial Aid Office 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 (or your spouse) must complete and sign this worksheet, attach any required documents, and submit the form to the Financial Aid Office **within 21 days** of receipt of this form. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed.

A. Independent Student's Information

Last Name	First Name	M.I.	SS#
Street Address (include apt.#.)			ID#
City	State	Zip Code	Student's Date of Birth
Home Phone Number		Alternate or Cell Phone Number	
E-Mail Address: _____			

B. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed In Front Of Bucks County Community College Staff member)

The student **must appear** in person at **Bucks County Community College** 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

If you are unable to appear in person - please see next page for more information and signatures that are required.

Statement of Educational Purpose

I certify that I, _____ am the individual signing this
PRINT STUDENT'S NAME

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Bucks County Community College for 2017–2018

Student's Signature- (**Sign in front of BCCC Staff Member**) Student Number Date

Financial Aid Staff ID Verification

Date: _____
Verified by: _____
Valid Government- Issued Photo ID used to Verify Identity
____ Driver's License _____ U.S. Passport
____ Other Gov't/State Issued ID _____
Type of ID Issued

Name: _____ Student #: _____

Identity and Statement of Educational Purpose

(To be signed with Notary)

If the student is unable to appear in person at **Bucks County Community College** 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, such as limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____ am the individual signing this Statement
Print Student's Name

of Educational Purpose and that the federal financial assistance I may receive will be only be used for educational purposes and to pay the cost of attending Bucks County Community College for 2017–2018.

Student Signature

Date

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____
Date Notary's Name

Personally appeared, _____, and provided to me
Printed name of signer

on 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
(seal)

Notary Signature

My commission expires on _____
Date

Name: _____ Student #: _____

C. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date this worksheet. If married, the spouse's signature is optional.

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

Spouse's Signature

Date

Submit this worksheet to:
Bucks County Community College, Financial Aid Office, 275 Swamp Road, Newtown, PA 18940
Fax #: (215) 504-8522 Email: finaid@bucks.edu Phone #: 215 968-8200.

Note: Any form with incomplete or blank information and/or not having complete signatures will be returned, and delay processing.

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