2024–2025 Verification Worksheet Independent Student

Your 2024-2025 FAFSA has been randomly selected for the verification process. Federal law states that before Federal aid can be processed you must provide the Financial Aid Office documentation to verify your FAFSA results. If differences are found between what was reported on your FAFSA and the verification documents provided, changes may be made to your financial aid awards. No federal or state need based financial aid award is guaranteed until this process is completed. Until verification is performed no aid will be applied to your account and no refund will be made to the student. Failure to submit these documents to financial aid prior to the beginning of the term will result in delays in processing your aid.

| A. STUDENT INI | FORMATION: | | | |
|--|---|--|------------------------|-----------------|
| Last Name | First Name | MI | SSN | |
| Street Address and Number | | | Date of Birth | |
| City | State | Zip | E-Mail | |
| Home Phone | | Alternat | te Phone | |
| yourself. If sor name of the co | neone else in your fa | and ages <u>of everyon</u> mily is enrolled in coll RELATIONSHIP | ege at least half time | ENROLLED AT |
| FOLL NAME | AGL | SELF | UVA-WISE | LEAST HALF TIME |
| | | - | | |
| | | | | |
| Did you file a 2022 tax Did you use the IRS d If you did not use the o www.irs.gov and subm | ata retrieval tool on th data retrieval tool you | ne FASFA? will need to request a | a 2022 tax return trai | · |
| | | | | |

| Complete this section Name of Person Who Paid Support | on if you and/or your spous Name of Person Who Received Support | Name of Child for Whom Support Was Paid | 2. Amount of Support Paid in 2022 |
|---|---|---|-----------------------------------|
| | | | |
| | | | |
| | | my knowledge. I understand that if I pne, a prison sentence, or both. | ourposely give false or |
| All of the information on this form | n is true and complete to the best o | | ourposely give false or |
| All of the information on this form misleading information on this fo | n is true and complete to the best o orm, I may be subject to a \$10,000 f | ne, a prison sentence, or both. | ourposely give false or |

D. OTHER INFORMATION TO VERIFY:

Ova-wise
Office of Financial Aid
1 College Avenue

Wise, VA 24293

Fax: 276.376.1095