



1958
ATHENS - ELBERT - GREENE - WALTON
800 US HWY 29 N, Athens, GA 30601

2017-2018 INDEPENDENT VERIFICATION SIGNATURE

fax(706)425-3086

What you must do:

1. Complete sections A-B.
2. Submit this worksheet to the Office of Financial Aid, in person, by mail, or by fax.
The financial aid office cannot process your application without this information.

Federal Student Aid Programs Your application was selected for review in a process called "Verification." In this process, the Office of Financial Aid will be comparing information from your FAFSA application with your and your parent(s) financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

A: Student Information – 2017-2018

_____	_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>MI</i>	<i>SSN</i>	<i>Student ID</i>
_____	_____	_____	_____	()
	<i>Email</i>		<i>Date of Birth</i>	<i>Phone</i>

B: Required Signatures – 2017-2018

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date