Office of Financial Aid, Kent Wyatt Hall 144, Cleveland, MS 38733 P: (662)846-4670 F: (662)846-4683 E: finaid@deltastate.edu

2024-2025 V4 Verification Worksheet Dependent/Independent

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, the financial aid administrator at Delta State 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 must complete, sign, and submit all required documents to the financial aid office by the published deadline. The financial aid office may ask for additional information. If you have any questions concerning the verification process, please contact the financial aid office as soon as possible so that your financial aid will not be delayed.

A. STUDENT INFORMATION

ast Name	First Name	Middle Name	Student ID Number
ddress			Email Address
			()
ity	State	Zip Code	Phone Number
B. IDENTITY	AND STATEMENT OF EDU	JCATIONAL PURPOSE	
If Signed at the	Institution:		
issued photo ide maintain a copy	entification (ID), such as, bu	t not limited to, a driver's license	her identity by presenting an unexpired valid government e, other state-issued ID, or passport. The institution will was received and the name of the official at the institutio
		Statement of Education (To be signed at the Delta State Offi	
I,student financia University for 20	Il assistance I may receive w		is Statement of Educational Purpose and that the federal ourposes and to pay the cost of attending Delta State
Student's Signat	ture		Date Date
Student's ID Nu	mber		
		For Financial Aid Office U	Jse Only
I have r	reviewed the front and back copy	of the unexpired valid government-issued	d photo identification (ID) that was presented with this form.
	FA Staff Na	me	Date
		FA Staff Signature	

dent Name			Student ID Number			
If NOT Signed	at the Institution (To be signed w	vith Notary):				
If the student i	is unable to appear in person at	Delta State University to	verify his or her identity	y, the student must provide:		
limited to a dri		ID, or passport; and the	original notarized Stater	notary statement below, such as but not ment of Educational Purpose provided		
		Statement of Educa	tional Purpose			
				cational Purpose and that the federal		
student financ University for 2	-	only be used for educatio	nal purposes and to pay	y the cost of attending Delta State		
Student's Signa	ature		Date			
Student's ID N	umber					
	No	etary's Certificate of Ac	knowledgement			
State of	City/County of		on	, before me,		
	, p	personally appeared,		, and provided to me on basis of		
(notary's name)			(student's name)			
satisfactory ev	idence of identification	of government-issued ph		e above-named person who signed the		
foregoing instr		oi government-issued pr	loto ib provided)			
WITNESS my h	nand and official seal					
			Notary Signature			
My commissio	n expires on	(Date)				

Equal Access Statement

Delta State University is committed to maintaining a learning and working environment free from sexual and gender-based discrimination or harassment. Our goal is for all to have equal access to the many great services and opportunities we offer. For more information, or to report an incident, see https://www.deltastate.edu/titleix/ or email titleix@deltastate.edu.