Your 2016-2017 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 reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Student Information

Student’s Last Name          First Name    M.I.          S
Student’s Identification (ID) Number

Student’s Street Address (include apt. #)          Student’s Date of Birth

City,          State,          Zip Code          Student’s E-mail Address

Student’s Home Phone Number (include area code)          Student’s Alternate or Cell Phone Number

High School Completion Status

Provide one of the following documents that indicate the student’s high school completion status when the student will begin college in 2016-2017.

- A copy of the student's high school diploma.
- A copy of the student’s final official high school transcripts that shows the date when the diploma was awarded.
- A copy of the student’s General Educational Development (GED) certificate or GED transcript.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor’s degree.
- If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student’s parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

If the student is unable to obtain the documentation listed above, he or she must contact the financial aid office.
Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at COLLEGE OF THE SISKIYOUS 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.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I, ____________________________, am the individual signing this 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 COLLEGE OF THE SISKIYOUS for 2016-2017.

(Print Student’s Name)

Student’s Signature ____________________________ Date ____________________________

Identity and Statement of Educational Purpose
(To Be Signed With Notary)

If the student is unable to appear in person at College of the Siskiyous 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 but not 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 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 COLLEGE OF THE SISKIYOUS for 2016-2017.

(Print Student’s Name)

Student’s Signature ____________________________ Date ____________________________
Notary’s Certificate of Acknowledgement

State of ________________________________________________________________

City/County of __________________________________________________________

On _____________________, before me, ________________________________________.

(Date) (Notary’s name)

personally appeared _________________________________________________________ and proved 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)

(Note signature)

My commission expires on _____________________

(Date)

Student’s Other Information to Be Verified

1. Complete this section if someone in the student’s household received benefits from the Supplemental Nutrition Assistance Program (SNAP) any time during the 2014 or 2015 calendar years.

☐ One of the persons listed on this worksheet received SNAP benefits in 2014 or 2015. (If asked, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.)

2. Complete this section if the student, or spouse if married, paid child support in 2015.

If the student, or spouse if married, paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If more space is needed, provide a separate page that includes the student’s name and ID number at the top. **Do not report child support for children included in your household size on the FAFSA.**

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support Was Paid</th>
<th>Name and Age of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:
• A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
• A statement from the individual receiving the child support that shows the amount of child support received;
• Copies of the child support payment checks or money order receipts.

**Certification and Signature**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

---

Student’s Signature _____________________________ Date __________

Spouse’s Signature (Optional) _____________________________ Date __________

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

---

*Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school.*

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

College of the Siskiyous, Financial Aid Office  
800 College Avenue, Weed, CA 96064

Phone: 530-938-5209  
Fax: 530-938-5367  
finaid@siskiyous.edu