

Financial Aid

V4 Custom 2022-23 Verification Worksheet for Dependent Students

Your 2022–2023 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.

Submit this form to: Tulane University Financial Aid, Gibson Hall, Suite #130, 6823 St. Charles Avenue, New Orleans, LA 70118

Upload this form to: https://finaidforms.tulane.edu/Home/Account/Login

Student's Last Name	Student's First Name	Student's M.I.	Last 4 Digits of Student's Social Security Number
Student's Street Address	s (include apt. no.)	Student's Date of Birth	
City	State	Zip Code	Student's Email Address
Student's Home or Cell F	Phone Number (include area c	Student's Tulane ID Number (if known)	
Student's Name:		Last 4 Digits of Student's SSN:	

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Student's Name:		Last 4 Digits of Student's SSN:	Page 2 of 3			
B. Identity and Statement of Educati	ional Purpose (To Be Signed a	at the Institution)				
The student must appear in person at issued photo identification (ID), such a a copy of the student's photo ID that is	Tulane University Financial Aid on some state of the state of the student's ID. In addition, the student's ID.	(Receiving School Official's Name, Soffice to verify his or her identity by presenting tense, other state-issued ID, or passport. The in the date it was received and reviewed and the ident must sign, in the presence of the institution	a valid government- institution will maintain e name of the official a			
Statement of Educational Purpose:	I certify that I	ertify that I am the individual signing this				
·	(Print Stu	dent's Name)				
	Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be upurposes and to pay the cost of attending Tulane University for 2022-2023.					
(Student's Signature)	(Date)	(Student's ID Number)				
Declaración de Propósito Educativ		, soy el individuo que firma esta re del Estudiante]				
Declaración de Finalidad Educativa y utilizada para fines educativos y para	que la ayuda financiera federal	estudiantil que yo pueda recibir, sólo será				
[Firma del Estudiante]	 [la Fecl	ha] [Número de Identificación del Estud	iante]			
notary statement below, such as, but not limited Educational Purpose (in English or Spanish) pro Statement of Educational Purpose: I certify the Statement of Educational Purpose and that the pay the cost of attending Tulane University for 20 to 2	ovided below. that I (Print Student's Name) Federal student financial assista	am the individual signing	g this			
(Student's Signature)	(Date)	(Student's ID Number)				
Declaración de Propósito Educativo: Certific	co que yo,	, soy el individuo que firma esta el Estudiantel				
Declaración de Finalidad Educativa y que la ay para pagar el costo de asistir a Tulane Universi	uda financiera federal estudianti		fines educativos y			
[Firma del Estudiante]	[la Fecha]	[Número de Identificación del Estud	iante]			
Sample of a Notary's Certificate of Acknowle						
City/County of						
On, before me,						
(Date)	(Notary's name					
personally appeared,						
(Printed name of on basis of satisfactory evidence of identification	signer)	'				
	(Type of government-issued ph	noto ID provided)				
to be the above-named person who signed the		,	(seal)			
			,			
(Notary signature)						
My commission expires on	(Date)					

Student's Name:			Last 4 Digits of Student's SSN: Page 3 of			
C.	Other Information to Be Verified I	f Applicable				
1	Complete this question if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2019 or 2020 calendar years. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433 3243).					
	The parents certify that benefits in 2019 or 2020. If ask and/or 2020.	, one of the per ed by the student's school, we will provi	sons listed in Section B of this work de documentation of the receipt of	ksheet, received SNAP SNAP benefits during 2019		
2	2. Complete this question if the studen	t or spouse, who is a member of the stu	dent's household, paid child suppo	rt in 2020.		
	indicated below the name of the names of the children for whom child. If asked by the school, wagreement or divorce decree receiving the child support comoney order receipts, or sim	parents listed in Section B of this workshe person who paid the child support, the n child support was paid, and the total are will provide documentation of the payr showing the amount of child suppor ertifying the amount of child support ilar records of electronic payments he and last four digits of their Social	e name of the person to whom the connual amount of child support that we ment of child support, such as a cont to be provided, a signed statem received, or copies of the child shaving been made. If you need more	child support was paid, the was paid in 2020 for each opy of the separation nent from the individual support payment checks,		
	Name of Person Who Paid Child	Name of Person to Whom Child	Name of Child for Whom	Amount of Child		
	Support	Support was Paid	Support Was Paid	Support Paid in 2020		
D.	Each person signing this worksheet reported on this worksheet is complete.	ete and correct. The student and one	WARNING: If you purposely giv information on this worksheet, sentenced to jail, or both.			
	parent whose information was reported on the FAFSA must sign and date. You should make a copy of this worksheet for your record					
	Print Student's Name		Final four digits of Student's Social Security Number			
Student's Signature			Date			
	Parent's Signature		Date	ver. 01/26/22		