

IV4 Custom 2023-24 Verification Worksheet for Independent Students

Your 2023–2024 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

Or

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

A. Independent Student's Information (please print)

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	(include apt. no.)	Student's Date of Birth		
City	State	Zip Code	Student's Email Address	
Student's Home or Cell Phone Number (include area code)			Student's Tulane ID Number (if known)	

Financial Aid

_____ Last 4 Digits of Student's SSN: _____ Page 2 of 3

B. Identity and Statement of Education	nal Purpose (To Be Signed at th		
issued photo identification (ID), such as, a copy of the student's photo ID that is a	but not limited to, a driver's licens nnotated by the institution with the udent's ID. In addition, the stude	(Receiving School Official's Name, Signature ice to verify his or her identity by presenting a valid go nse, other state-issued ID, or passport. The institution he date it was received and reviewed and the name o ent must sign, in the presence of the institutional offici am the individual signing	overnment- n will maintain f the official a ial, the
Statement of Educational Durnage and		al assistance I may receive will only be used for educa	tional
purposes and to pay the cost of attendi			lional
(Student's Signature)	(Date)	(Student's ID Number)	
	[Imprimir Nombre c		
Declaración de Finalidad Educativa y q utilizada para fines educativos y para p		studiantil que yo pueda recibir, sólo será University para 2023–2024.	
[Firma del Estudiante]	[la Fecha]	[Número de Identificación del Estudiante]	
Educational Purpose (in English or Spanish) prov Statement of Educational Purpose: I certify the Statement of Educational Purpose and that the Fe pay the cost of attending Tulane University for 20	at I (Print Student's Name) ederal student financial assistanc	am the individual signing this ce I may receive will only be used for educational purp	poses and to
(Student's Signature)	(Date)	(Student's ID Number)	
Declaración de Propósito Educativo: Certifico	que yo,	, soy el individuo que firma esta	
Declaración de Finalidad Educativa y que la ayuc y para pagar el costo de asistir a Tulane Universi		Estudiantej jue yo pueda recibir, sólo será utilizada para fines edu	ucativos
[Firma del Estudiante]	[la Fecha]	[Número de Identificación del Estudiante]	
Sample of a Notary's Certificate of Acknowled State of			
City/County of			
On, before me,			
(Date)	(Notary's name)		
personally appeared,	(, ,		
(Printed name of sig	gner)		
on basis of satisfactory evidence of identification_			
	Type of government-issued photo	. ,	
to be the above-named person who signed the fo	regoing instrument. WITNESS m	ny hand and official seal (seal))
(Notary signature)	_		

`	,	0	,		
Му	comr	nissi	on expires	s on	(Date)

C. Other Information to Be Verified If 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 2020 or 2021 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).

_____, one of the persons listed in Section B of this worksheet, received SNAP I the student certify that benefits in 2020 or 2021. If asked by the student's school, we will provide documentation of the receipt of SNAP benefits during 2020 and/or 2021.

2. Complete this guestion if the student or spouse, who is a member of the student's household, paid child support in 2021.

The student or spouse, who is a member of the student's household, paid child support in 2021. List below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2021 for each child. If asked by the school, we will provide documentation of the payment of child support, such as a copy of the separation agreement or divorce decree showing the amount of child support to be provided, a signed statement from the individual receiving the child support certifying the amount of child support received, or copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made. If you need more space, attach a separate page that includes the student's name and last four digits of their Social Security Number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2021

D. Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on this worksheet is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

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

Print Student's Name

Student's Signature

Final four digits of Student's Social Security Number

ver. 11/07/22

Date

Date

Spouse's Signature (Optional)

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

Or

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