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

A. Dependent Student’s Information (please print)

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Student’s M.I.</th>
<th>Last 4 Digits of Student’s Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Street Address (include apt. no.)</td>
<td></td>
<td></td>
<td>Student’s Date of Birth</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Student’s Email Address</td>
</tr>
<tr>
<td>Student’s Home or Cell Phone Number (include area code)</td>
<td></td>
<td></td>
<td>Student’s Tulane ID Number (if known)</td>
</tr>
</tbody>
</table>

Student’s Name: ___________________________ Last 4 Digits of Student’s SSN: __________
B. Identity and Statement of Educational Purpose (To Be Signed at the Institution)

(Receiving School Official’s Name, Signature and Date)

The student must appear in person at Tulane University Financial Aid office 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 by the institution with the date it was received and reviewed 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 English or Spanish Statement:

Statement of Educational Purpose: I certify that I ______________________________________ am the individual signing this

(Print Student’s Name)

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 Tulane University for 2022-2023.

________________________________________________    _______________ ____________________
(Student’s Signature)                (Date)   (Student’s ID Number)

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

If the student is unable to appear in person at Tulane University 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 (in English or Spanish) provided below.

Statement of Educational Purpose: I certify that I ______________________________________ am the individual signing this

(Print Student’s Name)

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 Tulane University for 2022-2023.

________________________________________________    _______________ ____________________
(Student’s Signature)                (Date)   (Student’s ID Number)

Declaración de Propósito Educativo: Certifico que yo, _____________________, soy el individuo que firma esta

[Imprimir Nombre del Estudiante]

Declaración de Finalidad Educativa y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Tulane University para 2022-2023.

________________________________________________    ________________ _______________________
[Firma del Estudiante]               [la Fecha]   [Número de Identificación del Estudiante]

Sample of a Notary’s Certificate of Acknowledgement

Notary’s certification may vary by State

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)

________________________________________
(Notary signature)

My commission expires 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 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 _____________________, one of the persons listed in Section B of this worksheet, received SNAP benefits in 2019 or 2020. If asked by the student’s school, we will provide documentation of the receipt of SNAP benefits during 2019 and/or 2020.

2. Complete this question if the student or spouse, who is a member of the student’s household, paid child support in 2020.

☐ One (or both) of the student’s parents listed in Section B of this worksheet or the student paid child support in 2020. The parent has indicated 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 2020 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.

<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 of Child for Whom Child Support Was Paid</th>
<th>Amount of Child Support Paid in 2020</th>
</tr>
</thead>
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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.

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

Print Student’s Name

Final four digits of Student’s Social Security Number

Student’s Signature

Date

Parent’s Signature

Date

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