2015-2016 Verification Worksheet

Dependent Student - University of Dubuque - Child Support (V3)

Your 2015-2016 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, the financial aid administrator at your school 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 and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification,

	Student's Last Name	Student's First Name	Stude	ent's M.I.	Student's SSN	
	Student's Street Address (include apt. #)				Student's Date of Birth	
	City	State Z		o Code Student's E-Mail		ddress
	Student's Home Phone Number (include Area Code)				Student's Alternative or Cell Phone Number	
Naı		was paid in 2014 for eac	h child. If	fasked by th	e school, I will prov	nd the total annual amount ide documentation of the
Nar	Social Security Numb	er at the top. Name of Person to V	Whom	Name of (Child for Whom	Amount of Child Support
Nar		er at the top.	Whom	Name of (
Nar	me of Person Who Paid	er at the top. Name of Person to V	Whom	Name of (Child for Whom	Amount of Child Support
Nar	me of Person Who Paid	Name of Person to V Child Support was GNATURES	Whom Paid	Name of (Suppo	Child for Whom ort Was Paid	Amount of Child Support
	me of Person Who Paid Child Support CERTIFICATION AND SI Each person signing thi The student and one p	Name of Person to V Child Support was GNATURES wayou s worksheet certifies the arent must sign and denumber and return it to	Whom Paid RNING: If you may be fine hat all of ate. NOT o us via 6	Name of (Support You purposely gired, be sentence of the inform TE: If e-sign e-mail; other	child for Whom ort Was Paid we false or misleading in the dot jail, or both. nation reported or ing, simply type y	Amount of Child Support Paid in 2014
	CERTIFICATION AND SI Each person signing thi The student and one p of your social security r	Name of Person to V Child Support was GNATURES wayou s worksheet certifies the arent must sign and denumber and return it to ack to us (fax/address)	Whom Paid RNING: If you may be fine hat all of ate. NOT o us via 6	Name of (Support You purposely gived, be sentence If the inform TE: If e-sign e-mail; other ellow).	child for Whom ort Was Paid we false or misleading in the dot jail, or both. nation reported or ing, simply type y	Amount of Child Support Paid in 2014 Iformation on this worksheet, In it is complete and correct Your name and last 4-digits

University of Dubuque - Office of Financial Planning - 2000 University Ave. Dubuque, IA 52001 PH: (563)589-3170 FAX: (563)589-3690 Email: finaid@dbq.edu