

**2026–2027 Verification Worksheet**  
**Dependent Student- Tracking Group V-4**

**D-V4**

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) has been selected by the Department of Education for a process called verification. Therefore, we are required to confirm the information reported on your FAFSA. To verify that you provided correct information, the Office of Financial Aid will compare your FAFSA with the information on this worksheet and any other required documents and make corrections as needed to the Federal Student Aid processor. Title IV awards will not be processed until all documents are verified. If you have questions about verification, please contact the Jackson College Office of Financial Aid at (517) 796-8410.

**STEP 1: Dependent Student’s Information**

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s Jackson College ID Number
Student’s Street Address (Include Apt. #)		Student’s Date of Birth	
City	State	Zip Code	Student’s Primary Phone # (Include Area Code)
Parent Email Address			

**STEP 2:** Choose **EITHER** Option 1 (sign with Jackson College employee) **OR** Option 2 (sign with notary):

**Option 1: Identity/Statement of Educational Purpose:**

You must also bring the following (**original**) documentation so the Jackson College employee can make a copy.

SOURCE DOCUMENTATION	RECEIVED BY JC EMPLOYEE	JC EMPLOYEE INITIALS
Unexpired valid government-issued photo identification (ID), i.e., driver’s license, state identification card, or passport.	<input type="checkbox"/> Yes	

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 Jackson College for the 2026-2027 award year.

(Print Student’s Name)

Student’s Signature	Date	Parent’s Signature	Date
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***I verified the applicant’s identity in person and received the above information directly from the applicant.***

Jackson College Authorized Individual- <i>Print</i>	Jackson College Authorized Individual- <i>Signature</i> Date
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**STEP 3: Certification and Signatures:**

JC Student ID #: \_\_\_\_\_

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

By signing this worksheet, you certify that all the information reported on it is complete and correct.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**STEP 4: Submit Completed Documentation:**

If notarized, please mail your completed form and copy of your State ID or driver's license to:

Jackson College Office of Financial Aid  
2111 Emmons Road  
Jackson, Michigan 49201