

2026-2027 Verification Worksheet
Dependent Student- Tracking Group V-5

D-V5

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: Dependent Student's Family Information:

List below the people in your **parents' household**. Include:

- Yourself
- Your parent(s), (including a stepparent), **even if you do not live with your parent(s)**.
- Your parents' other children if they meet one of the two standards below, even if they do not live with your parents:
 - Your parents will provide more than half of their support from July 1, 2026, through June 30, 2027.
 - If the other children would be required to provide parental information if they were completing a 2026-2027 FAFSA.
- Do NOT include foster children.
- Other people if they now live with your parents **and** your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.
- Include the name of the postsecondary institution for any household member (under 24 years of age) who will be enrolled, **at least half-time**, in a degree, diploma, or certificate program any time between ***July 1, 2026, and June 30, 2027.***

Full Name	Age	Relationship
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>
		<i>Self</i>

STEP 5: 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 6: 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