

2025–2026 Verification Worksheet Independent Student- Tracking Group V-4



Your 2025-2026 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. Eligible awards will not be processed until all documents are verified.

If you have questions about verification, please contact your Financial Aid Specialist or call (517) 796-8410.

Student's Last Name	Student's First Name	Student's M.I.	Student's Jackson (College ID Nun	nber
Student's Street Address	Student's Date of Birth				
City	State	Student's Primary Phone # (Include Area Code)			
	ER Option 1 (sign with Ja	_	nployee) <u>OR</u> Option	n 2 (sign with	notary):
-	te following (original) doc	-	e Jackson College e	employee can	make a copy
SOURCE DOCUMENTATION				RECEIVED BY JC EMPLOYEE	JC EMPLOYE E INITIALS
Unexpired valid government-issued photo identification (ID), i.e., driver's license, state identification card, or passport.				☐ Yes	
•	(Print Student's Name) nd that the Federal student o pay the cost of attending	- t financial assistar	•	vill only be use	ed for
Student's Signature		Date			
<u> </u>	nt's identity in person an		ove information di	rectly from th	e applicant.
Jackson College Autho	orized Individual- <i>Print</i>	Jackson Colle	ge Authorized Indiv	vidual- <i>Signatu</i>	ure Date

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to be the above-named person who

(Notary Signature)



Option 2: Identity/Statement of Educational Purpose: JC Student ID #: (Must be Signed by Notary) Original document with copy of a 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 must be submitted. I certify that I am the individual signing this Statement of (Print Student's Name) Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending Jackson College for the 2025-2026 award year. Student's Signature (Required) Date **Notary's Certificate of Acknowledgement** State of _____ on ____ on ____ (Date) personally appeared before me,_ (Notary's Name) _____, and provided to me on basis of satisfactory

(Type of government-issued ID provided)

(Date)

Continue to Step 3:

evidence of identification

signed the foregoing instrument.

(seal)

My commission expires on _____

(Printed Name of Student)

WITNESS my hand and official seal

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Step 3: Certification and Signatures:	JC Student ID #:
, <u>, , , , , , , , , , , , , , , , , , </u>	ng information on this worksheet, you may be fined, be to jail, or both.
By signing this worksheet, you certify that all of the in	nformation reported on it is complete and correct.
Student's Signature:	Date

Step 4: Submit Completed Documentation:

If notarized, please mail your original 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

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