# 2024-2025 Verification Worksheets Independent Student-Tracking Group V5

Your 2024-2025 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 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 these documents to our office.

#### A. Independent Student's Information

Student's Last Name	Student's First Name	М	Cooper Union Student ID Number	
Student's Street Address (include apt. no.)			Student's Date of Birth	
City	State	Zip	Student's Email Address	
Student's Phone Number		Student's Alternate or Cell Phone Number		

#### B. Independent Student's Family Size

Family Size - Includes the following:

- Yourself.
- Your spouse, if you are married.

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- Your dependent children, if the following are true:
  - They live with you (or live apart because of college enrollment),
    - They receive more than half of their support from you from July 1, 2024, through June 30, 2025, and
    - They will continue to receive more than half their support from you during the award year.
- Other people if the following are true:
  - They live with you,
  - They receive more than half of their support from you, and
  - They will continue to receive more than half of their support from you during the award year.

If more space is needed, provide a separate page with the student's name and ID number at the top

Full Name	Age	Relationship	
		Self	

## C. Identity and Statement of Educational Purpose

Section C is <u>ONLY</u> to be completed and signed in front of a Notary.

## Statement of Educational Purpose

I certify that L Printed Student's N	ame am the individu	al signing this Statement of	Educational Purpose and that the	
Federal student financial assistance I n	nay receive will only be u	used for educational purpose	es and to pay the cost of attending	
			for 2024-2025.	
(Name of Postsecondary Educational Inst	itution)			
Student's Signature	Date	Student's ID Number		
	Ν	lotary's Certificate of Kn	owledge	
State of	City/County of	on	before me,	(Notary's Name)
Personally appeared,(Printed r	name of signer)	and proved to me on the ba		(Notery 3 Name)
Identification (Type of unexpired gove	ernment-issued photo ID	to be the above-r ) provided)	named person who signed the foregoir	ng instrument.
Witness my hand and official seal	(Notary Signature	e)	(Date Commission Expires)	_
(Seal)				

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## D. Certification and Signatures

Each person signing this worksheet certifies that all the information reported on it is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

### The student must sign and date.

Student's Signature

Date

Do not mail this worksheet to the U.S. Department of Education. You should make a copy of this worksheet for your records.