Office of Financial Aid, Kent Wyatt Hall 144, Cleveland, MS 38733 P: (662)846-4670 F: (662)846-4683 E: finaid@deltastate.edu

2023-2024 V4 Verification Worksheet Dependent/Independent

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, the financial aid administrator at Delta State 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, sign, and submit all required documents to the financial aid office by the published deadline. The financial aid office may ask for additional information. If you have any questions concerning the verification process, please contact the financial aid office as soon as possible so that your financial aid will not be delayed.

A. STUDENT INFORMATION

ast Name	First Name	Middle Name	Student ID Number
Address			Email Address
			()
City	State	Zip Code	Phone Number
B. IDENTITY A	AND STATEMENT OF EDU	JCATIONAL PURPOSE	
If Signed at the I	nstitution:		
issued photo ide maintain a copy	ntification (ID), such as, bu	t not limited to, a driver's license	her identity by presenting an unexpired valid government e, other state-issued ID, or passport. The institution will was received and the name of the official at the institutio
		Statement of Education	nal Purpose
I,student financial University for 20	l assistance I may receive w		is Statement of Educational Purpose and that the federal ourposes and to pay the cost of attending Delta State
Student's Signat	ure		Date
Student's ID Nur	mber		
		For Financial Aid Office U	Jse Only
I have ro	eviewed the front and back copy (of the unexpired valid government-issued	d photo identification (ID) that was presented with this form.
	FA Staff Nar	me	Date
		FA Staff Signature	

If NOT Signed at the Institution:		
If the student is unable to appear in person at Delta Stat	te University to verify his or her identity, th	ne student must provide:
 A copy of the valid government-issued photo identific limited to a driver's license, other state-issued ID, or pas below (<u>the original document(s) must be mailed or han</u> 	ssport; and the original notarized Statemen	
State	ment of Educational Purpose	
I,, certify that I am the i student financial assistance I may receive will only be us University for 2023-2024.		
Student's Signature	Date	
Student's ID Number		
Notary's Ce	ertificate of Acknowledgement	
State of City/County of	on	, before me,
, personally	appeared,	, and provided to me on basis of
(notary's name)	(student's name)	
	to be ab	pove-named person who signed the
foregoing instrument.	nment-issued photo ID provided)	
WITNESS my hand and official seal		
	Notary Signature	
My commission expires on	(Date)	

Student Name

Student ID Number

In accordance with Title IX, Delta State University is committed to maintaining a learning and working environment free from sexual and gender-based discrimination, harassment, sexual assault, sexual exploitation, sexual intimidation, stalking, dating violence, domestic violence, or any other behavior that is non-consensual or has the purpose or effect of coercing a person or persons. For questions or concerns about Title IX, please visit http://www.deltastate.edu/policies/policy/university-policies/employment/employee-responsibilities-and-standards/sexual-harassment/ or contact Deidra Byas, Title IX Coordinator at (662)846-4690 or email titleix@deltastate.edu.