

> PO Box 770 Georgetown, TX 78627

> Phone: (512) 863-1259 Fax: (512) 863-1507

Independent Aggregate Verification Worksheet

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) has been selected for a process called verification. Please submit this form with all required documentation to the Financial Aid Office. Southwestern University will confirm that the information reported on your 2024-2025 FAFSA is accurate. Any discrepancies will be corrected by the Financial Aid Office based on the information provided on this document.

A. St	Student Information (please print)						
_	Last Name	First Name, Middle Initial	SU ID#				
_	Street Address	City, State, Zip	Home/Cell Number (area code)				

B. Family Information (please print)

List the people in your family including:

- Yourself (student)
- Your spouse
- Your child(ren), even if they don't live with you, <u>ONLY IF</u> (a) you will provide more than half of their support from 7/1/2024 through 6/30/2025, or (b) the child(ren) would be required to provide your information when applying for Federal Student Aid during the 2024-25 academic year.
- Other people ONLY IF (a) they live with you, (b) you provide more than half of their support, AND (c) you will continue to provide more than half of their support from 7/1/2024 through 6/30/2025.
- In addition, including the name of the college, for any household member who will be attending college at least half-time in a degree, diploma or certificate program between 7/1/2024 and 6/30/2025.

If you need more space, attach a separate sheet.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE
		Me (Student)	Southwestern University
		Spouse (If Applicable)	

Page **1** of **4** FAC24V5I – 1/4/2024



PO Box 770

Georgetown, TX 78627 Phone: (512) 863-1259

Fax: (512) 863-1507

C.	Student Tax Forms & Income Did you (student) file a 2022 U.S. Federal Tax Return? Please check one box below. If none, list "0" or "NA"				
	Yes, but I did not use the FA-DDX. Attached is my sign were filed. (The 2022 Tax Return Transcript from the IR	DX) to directly import my income information into the FAFSA. ned copy of the 2022 Tax Return and applicable schedules that RS is also acceptable). Tax Return. List your employer(s) and income received in 2022			
	Employer / Source of Income (if none, list n/a)	2022 Income (<i>If none, list \$0</i>)			
		\$			
		\$			
D.	Spouse Tax Forms & Income				
	Did you (spouse) file a 2022 U.S. Federal Tax Return? Please check one box below. If none, list "0" or "NA"				
	Yes, I used the FUTURE Act Direct Data Exchange (FA-DDX) to directly import my income information into the FAFSA. Yes, but I did not use the FA-DDX. Attached is my signed copy of the 2022 Tax Return and applicable schedules that were filed. (The 2022 Tax Return Transcript from the IRS is also acceptable). No, I am not filing and I am not required to file a US Tax Return. List your employer(s) and income received in 2022 below, and attach your W2(s)				
	Employer / Source of Income	2022 Income			
	(if none, list n/a)	(If none, list \$0)			
		\$			
_		\$			
E.	High School Completion Per federal regulations, Southwestern University must receive documentation confirming your high school diploma, recognized equivalent, or homeschool credential. NOTE: The documentation must be submitted to the Financial Aid Office, even if previously provided to another Southwestern University department/office (such as the Admission Office).				
	Please check the box that best describes the documentation you will be submitted with this completed worksheet. — Copy of the student's high school diploma or final high school transcript showing the date the applicant completed secondary school				
	OR .				
	□ Copy of a recognized equivalent to a student's high school diploma				
	 General Education Development Certificate Certificate recognized by the state as an equivalent to a diploma Academic transcript showing successful completion of at least a two-year program – fully acceptable toward a Bachelor's Degree 				
	OR .				
	☐ Copy of homeschool documentation				
	 Transcript signed by student's parent/guardian certifying completion of secondary education and courses completed by student 				

Page **2** of **4** FAC24V5I – 1/4/2024

State-issued home school certification credential



PO Box 770

Georgetown, TX 78627 Phone: (512) 863-1259 Fax: (512) 863-1507

F. Identity Verification & Statement of Educational Purpose

As a part of the verification process, you must appear in person, at the Financial Aid Office with the following:

- Valid government-issued photo identification (ID), such as a driver's license, state-issued ID, or passport
- You must sign this form in the presence of a Financial Aid official.

NOTE: Our office will retain a copy of the student's photo ID, annotated with date received and reviewed, with the name of the official authorized to receive and review the student's ID.

If the student is unable to appear in person, at Southwestern University, to verify his or her identity, the student must provide to the institution:

- A copy of the unexpired valid-government issued ID, that is acknowledged in the notary statement, or presented to a notary.
- The original Statement of Educational Purpose, which must be notarized (below)

Statement of Educational Purpose						
I certify that I(Prin	a	m the individual signing this Statement of Educational Purpose				
and that the Federal student fina	and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay					
the cost of attending Southweste	the cost of attending Southwestern University for 2024-2025.					
Student's Signature		Date				
Student's ID Number						
Notary's Certificate of Acknowledgement (Only complete this section if you cannot appear in person)						
State of	City/County of	On,				
before me,, personally appeared, (Notary's name) (Printed name of signer)						
(Nota	ry's name)	(Printed name of signer)				
provided to me on basis of satisfactory evidence of identification						
		(Type of government-issued photo ID provided)				
to be the above-named person who signed the foregoing instrument.						
		WITNESS my hand and official seal				
(No	tary signature)	(seal)				
My commission expires on						
	D	ate				

Page **3** of **4** FAC24V5I – 1/4/2024



> PO Box 770 Georgetown, TX 78627

> Phone: (512) 863-1259 Fax: (512) 863-1507

G. Certification

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

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

NOTE: You must print and sign this portion of the form.

Student Signature (REQUIRED)

Date

Date

Date

SU Financial Aid Staff Member's Signature
(Only if witnessing in-person signatures of student and spouse)

SU Financial Aid Staff Member's Name & Title (If signed above, must also copy original ID's)

Spouse's Signature (IF MARRIED)

Page **4** of **4** FAC24V5I – 1/4/2024