



OFFICE OF FINANCIAL AID & VETERANS AFFAIRS

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2024–2025 Verification Worksheet • Dependent Student

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) was selected for review for a process called verification. The law says that 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 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 and a parent whose information was reported on the FAFSA must complete and sign this worksheet, attach any required documents, and submit the form with any other required documents to the financial aid office. Please note that we may ask for additional documentation if we have reason to believe that the information provided is inaccurate. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Dependent Student Information

Student ID# \_\_\_\_\_

Print Student Last Name \_\_\_\_\_ Print Student First Name \_\_\_\_\_ Print Student M.I. \_\_\_\_\_

Student Social Security Number \_\_\_\_\_ Student Primary Phone Number \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

B. Dependent Student’s Family Information

List below the people in your parent(s) household. Include: 1) The student. 2) The student’s parent(s), even if the student is not living with them. 3) The student’s siblings if the following are true: they live with the student’s parents (or live apart because of college enrollment); they receive more than half of their support from the student’s parents; and they will continue to receive more than half their support from the student’s parents during the award year. 4) Other persons if the following are true: they live with the student’s parents; they receive more than half of their support from the student’s parent; and they will continue to receive more than half their support from the student’s parents during the award year. If additional space is needed, attach an additional page with the student’s name and student ID at top.

Table with 3 columns: FULL NAME, AGE, RELATIONSHIP TO STUDENT. Multiple empty rows for data entry.

C. Dependent Student’s Income Information to Be Verified

Table with 2 columns: STUDENT SECTION (Check ONE box only), PARENT SECTION (Check ONE box only). Contains radio button options for tax information transfer and filing status.

D. Certifications and Signatures

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

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student’s Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_

Parent’s Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_

Do not mail this worksheet to the U.S. Department of Education. Mail the completed document to the above address. Do not submit via email or fax.