

2025-2026 Verification Worksheet Federal Student Aid Programs College of Micronesia-FSM

DEPENDENT STUDENT Tracking Group

V4

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called <u>verification</u>. 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 at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the COM-FSM Financial Aid Office. If you have questions about verification, contact the nearest COM-FSM Financial Aid Office as soon as possible so that your financial aid will not be delayed.

A. Dependent Student's Informatio	n			
Student's Last Name	Student's First Name	Student' M.I	Student's SS/ID Number	
Student's Mailing Address (P.O Box City, State, Zip Code)			Student's Date of Birth	Home Phone
B. Identity and Statement of Educa	tional Purpose			
This section is ONLY to be completed	l in person at the COM-FSM	Financial Aid Office	e or front of a Notary Public	
	Notary's Certi	ficate of Knowledge	2	
State of	City/Country of		On	
before me,	personally appeared,			
(Notary's Signature)		(printed nan	(printed name of signer)	
and proved to me on basis of satisfactor				
		(Type of government	-issued photo ID provided)	
To be the above named person who sign	ed the foregoing instrument.			
WITNESS my hand and official seal				
_	(Notary's Signatu	re)	(Date Commission E	xpires)
		(Seal)		
C. Certification and Signatures				
By signing this worksheet you certify tha WARNING: If you purposely give false cand one parent must sign and date.				il, or both. The student
		_		
Student's Signature		Dat	re	
Parent's Signature			e	
			Depen	dent V4 Page 1 of 2

Student Name:		SS/ID Number:	D Number:	
	Stateme	nt of Educational Purpose		
The student must appear in person at				
	1)	Name of Postsecondary Education Institution)		
state-issued ID, or passport. COM-FSN date it was received and reviewed by Statement of Education Purpose pro	M Financial Aid Office will by Financial Aid. In additio ovided below. If you canno	ssued photo identification (ID), such as, but not liminal maintain a copy of the student's photo ID that is an any, the student must sign, in the presence of a COM at appear in person to sign this Statement of Educal this Statement of Educal this Statement of Educational Purpose notarized	notated by the College with the -FSM Financial Aid official, the ation Purpose, you will need to	
I certify that I Printed Studen	nt's Name	_am the individual signing this Statement of Educa	tional Purpose and that the	
Federal student financial assistance I n	may receive will only be us	ed for educational purposes and to pay the cost of	attending	
(Name of Postsecondary Education	n institution)			
Student's Signature	Date	Financial Aid Official's Signature	 Date	