



2016-2017 INDEPENDENT VERIFICATION (V4) WORKSHEET

Your FAFSA was selected by the U.S. Department of Education for review in a process called "Verification." In this process Missouri S&T is required to compare information from your FAFSA with the information on this worksheet and with any other required documents. The law states we have the right to ask you for this information and review it for accuracy under the financial aid program rules (34 CFR, Part 688). **Verification must be completed before your financial aid will be credited to your student account.**

INSTRUCTIONS

1. Complete all sections of this worksheet **in full**. **Incomplete forms will be returned.**
2. After you (and your spouse, if married) have filed a 2015 Federal Income Tax Return with the IRS, log on to fafsa.gov and use the IRS Data Retrieval Tool (DRT) to transfer your 2015 tax information to your 2016-2017 FAFSA. For eligibility, instructions, and a tutorial please go to: sfa.mst.edu/forms/
3. All documents must be submitted by the following deadlines:
 Fall 2016 Enrollment: October 31, 2016
 Spring 2017 Enrollment: March 1, 2017
4. Please return all documents requested to our office via fax to (573)341-4274, email to sfa@mst.edu or mail to G-1 Parker Hall, 300 W 13th St, Rolla, MO 65409-0250.

Student Information

Last Name	First Name	M.I.
Daytime Phone number (include area code)	Date of Birth	Missouri S&T Student ID#

High School Completion Status

Per federal regulation, the Missouri S&T Financial Assistance Office must receive documentation of your final high school transcript, recognized equivalent, or home-school credential. Because you will provide the S&T Admissions Office with your final transcript, we will use it to satisfy the federal requirement for verification.

Manually sign this Worksheet. Forms with electronic/typed signatures will be returned.

Each person signing certifies that all the information reported is complete and correct. The student must sign this worksheet. (If married, the spouse's signature is optional.)

Student	Date	Spouse	Date
Daytime Phone number (include area code)			

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

Student Name / S&T ID #: _____

**2016-2017 Identity and Statement of Educational Purpose
(To Be Signed at the Institution)**

The student must appear in person at the Missouri University of Science and Technology at the Student Financial Assistance Office to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Missouri University of Science and Technology for 2016-2017.

(Student's Signature) (Date) (Student's ID Number)

If the student is unable to appear in person, this form must be notarized and mailed with a copy of a government issued ID listed above.

Notary's Certificate of Acknowledgement *(Only needed if not able to appear in person)*

State of _____ City/County of _____

On _____, before me _____,
(Date) (Notary's name)

Personally appeared, _____, and provided to me
(Printed name of signer)

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

(Notary signature) (Seal)
My commission expires on _____
(Date)

FOR OFFICE USE ONLY: Attach photocopy of ID after verifying identity

Document Provided: _____ Date Received: _____ SFA Staff Signature: _____