INDEPENDENT STUDENT VERIFICATION WORKSHEET

Your application was selected for review in a process called “Verification.” By law, we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and verification documentation, we will send corrections electronically to the Department of Education to have your information reprocessed.

If you have questions about completing this worksheet, you may contact O.U. Financial Aid Services at (405) 325-4521.

Section A: Please print clearly or type your information.

Section B: Family Information. List the people in your household. Include: yourself, your spouse (if you have one), and your/your spouse’s children, if you provide more than half of their support from July 1, 2017 through June 30, 2018.

Also include other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018. Do not include foster children in the household.

Also write in the name of the college any household member will be attending for at least half time during July 1, 2017 through June 30, 2018.

Section C: Sign, date and return the Independent Student Verification Worksheet to the OU Office of Financial Aid Services. Keep copies of everything you send to the financial aid office.

Complete the next page as instructed and return this form to Financial Aid Services.
# 2017-2018 INDEPENDENT STUDENT VERIFICATION WORKSHEET

## A. Student Information:

Last name           First name           M.I.           Social Security Number

Address (include apt. no.)          Sooner ID Number

City            State            Zip Code

## B. Family Information:

(Refer to questions 95 & 96 on your Student Aid Report and the instructions for this worksheet.)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Name of college attending in 17-18</th>
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<tbody>
<tr>
<td></td>
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<td>Self</td>
<td>University of Oklahoma</td>
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</table>

Attach additional sheets if needed to list all household members.

## C. Signature:

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct to the best of our knowledge. I understand I may be required to submit additional documentation to resolve missing, conflicting or discrepant information. If I purposely give false or misleading information on this worksheet I may be fined, be sentenced to jail, or both.

Student’s Signature  Date

Spouse’s Signature  Date