PEPPERDINE UNIVERSITY Graziadio School of Business and Management

2015–2016 V5 Aggregate Verification Worksheet Dependent Student

Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document 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 institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Student's Last Name	First Name	Campus Wide ID (CWID)	
Student's Street Address (i	nclude apt. no.)	Student's Date of Birth	
City State Zip Code		Student's Email Address	

Section 2 - Dependent Student's Family Information

Section 1 - Dependent Student's Information

List the people in <u>your parents' household</u>. Include:

Student's Home Phone Number (include area code)

- Yourself.
- Your parent(s) (including a stepparent) even if you don't live with the parents.
- Your parents' other children, even if they don't live with your parent(s), if
 - your parents will provide more than half of their support from July 1, 2015, through June 30, 2016,
 - o the children would be required to provide parental information when completing a FAFSA for 2015-2016.

Student's Cell Phone Number

• Other people, **if** they now live with your parents **and** your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

For any household member who will be enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2015, and June 30, 2016, include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
				(Yes or No)
		Self	Pepperdine University	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Section 3 - Receipt of SNAP Benefits

benefits sometime during 2 Yes No If answered "Yes" list the r Note: If we have reason to documentation from the age. Section 4 - Child Sup Did you or one of the parer Yes No If yes, please, provide the fo	013 or 2014? SNAP may be known name of the person who received SN believe that the information regardincy that issued the SNAP benefits in poort Paid ats included in your parents' household	AP benefits	
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014
		Total Amount of Child Support Paid	\$
documentation, such as: A signed statement from 	n the individual receiving the child s port payment checks, or money orde	g child support paid is inaccurate, we may upport certifying the amount of child suppor receipts, or similar records of electronic parts. WARNING: If you purpo	rt received; or payments having been sely give false or
Each arms sinains haloss	antic and the state of the stat	misleading information yo sentenced to jail, or both.	ou may be fined, be
Each person signing below of information reported is compared to the student and one parent of reported on the FAFSA must be a superior of the student and the student are superior of the student and the student and the student are superior of the student are superior of the student and the student are superior of the student are superior of the student and the student are superior of the student and the student are superior of the	plete and correct. whose information was		
Print Student's Name	CW	ID	
Student's Signature (Required)		·	
Parent's Signature (Required)			

Student's Name:	CWID					
Section 6 – Identity and Statement of	Educational Purpose (To Be Signed at	t the Institution)				
photo identification (ID), such as, but not limited maintain a copy of the student's photo ID that is name of the official at the institution authorized	te University to verify his or her identity by presend to, a driver's license, other state-issued ID, or pay annotated by the institution with the date it was repet to collect the student's ID. The content institutional official, the Statement of Edu	assport. The institution will eceived and reviewed and the				
Identity and Statement of Educationa	al Purpose (To Be Signed in the Presen	ce of a Notary)				
If the student is unable to appear in person at P	<u>epperdine University</u> to verify his or her identity, t	he student must provide:				
	photo identification (ID) that is acknowledged in but not limited to, a driver's license, other state-is					
	el Purpose, which is provided below, must be notar Statement of Educational Purpose, there must be a s the document notarized.					
Stat	ement of Educational Purpose					
I certify that I	am the individual signing this Statemen.	t of Educational				
(Print Student's Name) Purpose and that the Federal student financial accost of attending Pepperdine University for 2015	ssistance I may receive will only be used for educa 5-2016.	ational purposes and to pay the				
Student Signature	Date					
To be completed by Financial Aid Administrator if submitting in person:						
Financial Aid Officer Name Printed	Financial Aid Officer Title	-				
Financial Aid Officer Signature	Date	-				
To be completed by Notary Public if submitting	y by mail:					
State of						
City/County of						
On, before me(N						
(Date) (N	otary's name)					
personally appeared,(Printed name of s	igner)	nd proved to me				

 $Send\ completed\ and\ signed\ document\ to\ \underline{gsbmfinancialaid@pepperdine.edu}\ or\ submit\ via\ fax\ to\ (310)\ 568-2364$

My commission expires on _____

(Type of government-issued photo ID provided)

on basis of satisfactory evidence of identification _

(seal)

to be the above-named person who signed the foregoing instrument. WITNESS my hand and official seal