2019–2020 V1 Standard Verification Worksheet
Independent Student

Your 2019–2020 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 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.

Section 1 - Student's Information

Student's Last Name First Name	Campus Wide ID (CWID)
Student's Street Address (include apt. no.)	Student's Date of Birth
City State Zip Code	Student's Email Address
Student's Home Phone Number (include area code)	Student's Alternate or Cell Phone Number

Section 2 - Student's Family Information

In the table below list the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your and your spouse's children if you or your spouse will provide more than half of their support from July 1, 2019, through June 30, 2020, even if the children do not live with you.
- Other people if they now live with you and **you or your spouse provides more than half of your support and will continue to provide more than half of your support through June 30, 2020.**

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019, and June 30, 2020, 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.

Student's Name: _____ CWID _____

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.*

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

_____ _____
Print Student's Name Campus Wide ID (CWID)

_____ _____
Student's Signature (Required) Date

_____ _____
Spouse's Signature (Optional) Date

Send completed and signed document to PGBSFinancialaid@Pepperdine.edu