## PEPPERDINE UNIVERSITY Graziadio School of Business and Management

## 2014–2015 V4 Custom Verification Worksheet Dependent Student

Your 2014–2015 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.

## **Section 1 - Dependent Student's Information**

| Student's Last Name  | First Name M.  | I. 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 Nu  | umber (include area code)  | Student's Alternate or Cell Phone  | Student's Alternate or Cell Phone Number |  |  |
| Section 2 - Receipt of S   | SNAP Benefits  |  |  |  |  |
| benefits, previously called Formula Yes  No  Your parents' household in  You  Your parent(s  Your parents' June 30, 2015 | ood Stamps sometime during 2  cludes:  ) (including a stepparent) even other children if the parents w, or if the other children would | d receive Supplemental Nutrition Assistance Pro<br>2012 or 2013?  If you don't live with your parents will provide more than half of their support from the required to provide parental information if the commet either of these standards even if the child | July 1, 2014, through                    |  |  |
| Other people is continue to pr   | ovide more than half of their so<br>eve that the information regarding   | ts <b>and</b> the parents provide more than half of the upport through June 30, 2015. the receipt of SNAP benefits is inaccurate, we may re-   |  |  |  |
| Section 3 - Child Supp   | ort Paid   |  |  |  |  |
| Yes No   |  | sehold paid child support in 2013?   |  |  |  |
| If yes, please, provide the fol  | lowing information on the nex  | t page regarding household:  |  |  |  |

| Student's Name:  |   | CWID                                  |   |  |  |  |
|--|---|---------------------------------------|---|--|--|--|
| If more space is needed, provide a   | separate page that includes i                         | the student's name a                  | and ID number at the top.   |  |  |  |
| Name of Person Who Paid<br>Child Support   | Name of Person to Whom Child<br>Support was Paid      |                                       | me of Child for Whom Support<br>Was Paid  | Amount of Child<br>Support Paid in<br>2013 |  |  |
|  |   |                                       |   |  |  |  |
|  |   |                                       |   |  |  |  |
| <ul><li>documentation, such as:</li><li>A copy of the separation a</li></ul>   | greement or divorce decr<br>idual receiving the child | ree that shows the support certifying | pport paid is not accurate, we ma<br>amount of child support to be pro<br>the amount of child support rece      | ovided;                                    |  |  |
| Section 4 - Signatures Required  Each person signing below certifies that all of the information reported is complete and correct.  The student and one parent whose information was reported on the FAFSA must sign and date. |   |                                       | WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both. |  |  |  |
| Print Student's Name   |   | Campus Wide                           | ID (CWID)   |  |  |  |
| Student's Signature (Required)   |   | Date                                  |   |  |  |  |
| Parent's Signature (Required)  |   | Date                                  |   |  |  |  |
| Section 5 – Identity and   | Statement of Educa                                    | ational Purpos                        | se  |  |  |  |
| =  |   |                                       | son to verify his or her identity b<br>, other state-issued ID, or passpo                                       | -  |  |  |
| the financial aid offi   | n approved representati<br>ce in person, or           |                                       | al aid office if you submitting th  |  |  |  |
| I certify that I(Print Studer  | nt's Name)  | am the individua                      | al signing this Statement of Educ   | cational Purpose and                       |  |  |
| *  | al assistance I may receiv                            | re will only be use                   | d for educational purposes and to   | pay the cost of                            |  |  |
| Student Signature Da   |   |                                       |   |  |  |  |
| To be completed by Financial   | Aid Administrator if su                               | ubmitting in pers                     | on:   |  |  |  |
| Financial Aid Officer Name Printed Fina  |   | Financial Aid Officer Title           |   |  |  |  |
| Financial Aid Officer Signature  |   |                                       |   |  |  |  |

| Student's Name:                    | CWID                      |              |
|------------------------------------|---------------------------|--------------|
|                                    |                           |              |
|                                    |                           |              |
| To be completed by Notary Public i | f submitting by mail:     |              |
|                                    |                           |              |
| State                              | County                    |              |
|                                    |                           |              |
| Notary Public Name Printed         | Notary Public Name Signed | <del>_</del> |
|                                    |                           |              |
| Seal:                              |                           |              |

Submit the original completed and signed document to Pepperdine University Attn: GSBM Financial Aid 6100 Center Drive, Los Angeles CA 90045