

STUDENT FINANCIAL SERVICES

309-341-7149 Phone 309-341-7453 Fax www.knox.edu

2020-2021 **Verification Form**

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification." Federal law requires that before awarding your federal student aid, we confirm some of the information you reported on the FAFSA. Through this process, our office will compare information from your FAFSA with the financial documents you are required to submit, including this form. If discrepancies are found, the Office of Student Financial Services will send the corrections electronically to the federal processor.

You and one parent included on the FAFSA <u>must</u> complete and sign this form and return it to the Office of Student Financial Services.

Return the completed form by mail to: Office of Student Financial Services, Knox College, 2 East South Street, Galesburg, IL 61401; by fax to 309-341-7453; or by email to *financialservices@knox.edu*.

Student's local name	☐ Ms.							
Student's legal name	☐ Mr			F	irst	Middle ii	Middle initial	
Date of birth	/ /	/ ID Number						
Date of birth	/ / /	year						
Permanent address								
			Number, str	reet and apart	ment number	•		
	:itv		State			Zip		
Home Phone Co		Cell Phone		F-mail		•		
00		_ 0011 1 110110	E man					
PART B - HOUSEHO	LD MEMBERS							
In the box below, repor	rt who will be part	of your hous	ehold between Ju	ıly 1, 2020	and Jun	e 30, 20210. The people I	isted should	
include vou, vour parer	nt(s), vour steppare	ent(s). vour p	arent(s)' depende	ent childre	n if thev v	will receive more than half	of their support	
						ying for federal student aid		
						you and the support will o		
		tilali ilali U	i tileli support li	oni your p	arciits oi	you and the support will t	continue between	
July 1, 2020 and June	30, 2021.							
List all household members below.				Will attend college		Name of	Year in	
			Relationship	at least half-time		college	college	
Name		Age	to you	in 2020-2021		in 2020-2021	in 2020-2021	
1.			Self	Yes	No	Knox		
2.				Yes	No			
3.				Yes	No			
4.				Yes	No			
5.				Yes	No			
6.				Yes	No			
7. 8.				Yes	No			
9.				Yes	No No			
10.				Yes	No			
10.				res	INO			
DADT O CIONATUI)FC							
PART C - SIGNATUR								
By signing this worksh	eet, we certify that	all the infor	mation reported	on it is co	mplete an	d correct. The student and	l at least one	
parent listed on the FA	FSA must sign.							
Student Signature						Data		
Student Signature						Date		
Parent Signature						Date		

1/20 V1