KNOX COLLEGE

OFFICE OF FINANCIAL AID
309-341-7149 Phone
309-341-7453 Fax
www.knox.edu

2019-2020
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 Financial Aid 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 Financial Aid.

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

PART A - STUDENT PERSONAL INFORMATION

❏ Ms.
Student's legal name   ❏ Mr. _____
<div align="center">Last   First   Middle initial</div>

Date of birth_____ /_____ /_____   ID Number _____
<div align="center">month   day   year</div>

Permanent address _____
<div align="center">Number, street and apartment number</div>

_____
<div align="center">City   State   Zip</div>

Home Phone_____ Cell Phone_____ E-mail_____

PART B - HOUSEHOLD MEMBERS

In the box below, report who will be part of your household between July 1, 2019 and June 30, 2020. The people listed should include you, your parent(s), your stepparent(s), your parent(s)' dependent children if they will receive more than half of their support from your parent(s) or if they would be required to provide parental information when applying for federal student aid. **Include other people if they live with and receive more than half of their support from your parents or you and the support will continue between July 1, 2019 and June 30, 2020.**

List all household members below. Name	Age	Relationship to you	Will attend college at least half-time in 2019-2020		Name of college in 2019-2020	Year in college in 2019-2020
1.		Self	Yes	No	Knox	
2.			Yes	No		
3.			Yes	No		
4.			Yes	No		
5.			Yes	No		
6.			Yes	No		
7.			Yes	No		
8.			Yes	No		
9.			Yes	No		
10.			Yes	No		

PART C - SIGNATURES

By signing this worksheet, we certify that all the information reported on it is complete and correct. The student and at least one parent listed on the FAFSA must sign.

Student Signature_____ Date _____

Parent Signature_____ Date _____