

HAWAI'I PACIFIC UNIVERSITY

I. Student's Information

Financial Aid Office

2017–2018 DEPENDENT VERIFICATION WORKSHEET TRACKING GROUP V4 – CUSTOM

Your 2017–2018 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.

Stud	ent's Last Name	First Name	M.I.	Student's Social Security Number		
 Stud	ent's Street Address (in	clude apt. no.)		Student's Date of Birth		
City	State Zip Code			Student's Email Address		
Stud	ent's Home Phone Num	nber (include area	code)	Student's Alternate or Cell Phone Number		
	A copy of the student A copy of the student awarded.	•		script that shows the date when the diploma was		
	A copy of the student	's high school dip	oloma.	he box next to the item you will be submitting. script that shows the date when the diploma was		
	An academic transcri	pt that indicates	the student su	oment (GED) certificate or GED transcript. ccessfully completed at least a two-year program		
	that is acceptable for full credit toward a bachelor's degree. If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential. If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.					

If the student is unable to obtain the documentation listed above, he or she must contact the financial aid office.



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Student's Last Name	First Name	M.I.				
III. Identity and Sta Institution)	tement of Edu	ucational P	urpose (To Be Signed at the			
Please note that the st be signed at the institu		•	number one or two below. Number one must tarized.			
1. Must Be Sig	ned at the Ins	titution				
The student must appea	r in person at		to			
ти отадоти пастарров		me of Postsec	condary Educational Institution)			
limited to, a driver's licen	by presenting a value, other state-is annotated with t	alid governme sued ID, or pa he date it was	ent-issued photo identification (ID), such as, but no assport. The institution will maintain a copy of the sereceived and the name of the official at the			
In addition, the student n	nust sign, in the p	resence of the	e institutional official, the following:			
	Stateme	ent of Educa	ational Purpose			
I certify that I			am the individual signing this			
•	(Print Student's N	lame)				
	Statement of Educational Purpose and that the federal student financial assistance					
I may receive wi	ll only be used for	r educational p	purposes and to pay the cost of attending			
			for 2017–2018.			
(Name of Postse	condary Educatio	nal Institution				
(Student's Signa	iture)		(Date)			
(Student's ID Nu	ımber)					



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Student's Last Name	First Name	M.I.	
2. Must Be Sig	ned With Not	ary	
If the student is unable t	o appear in perso	n at	
		(Nar	me of Postsecondary Educational Institution)
	government-issue sich as but not limit	d photo ident ted to a drive	ification (ID) that is acknowledged in the notary r's license, other state-issued ID, or passport; a prose provided below.
	Statem	ent of Educ	ational Purpose
I certify that I			am the individual signing th
(F	rint Student's Nar	ne)	of the last to the first flow of the control of
	ill only be used fo	r educational	e federal student financial assistance purposes and to pay the cost of attending for 2017-2018.
(Name of Postse	econdary Education	nal Institutio	<u>n)</u>
(Student's Signa	ature)		(Date)
(Student's ID No	- umber)		
	Notary's C	Certificate of	Acknowledgement
State of			
City/County of			
	, before me,		
(Date)			(Notary's name)
personally appeared,			, and provided to me
on book of catisfact	(Printed name of	0 ,	
on basis of satisfactory	eviderice of identil	· · · · · · · · · · · · · · · · · · ·	e of government-issued photo ID provided)
to be the above-named	person who signe	` ',	. , ,
WITNESS my hand and	d official seal		
(Seal)			(Notary signature)
My commission expires	on		(Notary Signature)
viy commission expires	Date		
	- 410		



Financial Aid Office

Student's Last Name	First Name	M.I.



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IV. Certifications and Signatures

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 hand-sign and date. (*No electronic signatures accepted*)

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

Print Student's Name	Student's ID Number
Student's Signature	Date
Parent's Signature (<i>Dependent Student</i> s Only)	Date

Submit in Person: Hawai'i Pacific University Financial Aid Office

1164 Bishop Street, Suite 201 Honolulu, Hawai'i 96813-2882

Submit by Email: financialaid@hpu.edu

Submit by FAX: (808) 544-0884