

# 2024 - 2025 Independent Verification Worksheet 5

Student's Last Name

**Student's First Name** 

**UOG ID Number** 

**Program of Study** 

## STUDENT'S FAMILY INFORMATION

Carefully read the following instructions, and in the table below (use back of form if needed), report:

- Yourself,
- Your spouse, if now married.
- Your children, if you will provide more than half of their support from July 1, 2024 through June 30, 2025 or if the other children would be required to provide your information if they were completing a FAFSA for 2024-2025.
- Other people only if they now live with you and you will provide more than half of their support from July 1, 2024 through June 30, 2025.
- Provide college information for those students attending at least half-time during 2024-2025 in a program leading to a degree, diploma, or certificate.

	Last Name, First Name	Age	Relationship to Student	College or University
Student			Self	University of Guam
Spouse			Spouse	
Children and others				

## STUDENT AND SPOUSE TAX INFORMATION

#### Student:

I filed a 2022 Tax Return and used the IRS Data Retrieval Tool on the FAFSA or attached a signed 2022 federal tax form and W2 to this worksheet.

I have not filed a Federal Income Tax Return and am not required to do so. I have attached the Non-Tax Filers Statement to this worksheet.

#### Spouse:

My spouse has filed a 2022 Tax Return and used the IRS Data Retrieval Tool on the FAFSA or attached a signed 2022 federal tax form and W2 to this worksheet.

My spouse has not filed a Federal Income Tax Return and am not required to do so. I have attached the Non-Tax Filers Statement to this worksheet.

tudent Signature Date Spous	se's Signature	Date
Return completed form with the <i>original signature</i> via mail or in-pers	on (must show photo ID if bringing in-person	). <u>DO NOT FAX or EMAIL.</u>
	Drive Mangilao, Guam 96923-9000 -735-2287/88	
you purposely give false or misleading infor- Mailing Address: 303 University		erson

Student's First Name

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## STUDENT'S HIGH SCHOOL COMPLETION STSATUS

Provide <u>one</u> of the following documents to indicate the student's high school completion status when the student begins college in 2024-2025:

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A copy of the student's high school diploma.

- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A State certificate or transcript received by a student after the student passed a State-authorized examination that the State recognizes as the equivalent of a high school diploma (GED test, HiSET, TASC, or other State-authorized examination).
- An academic transcript that indicates the student successfully completed at least a two-year program that is Acceptable for full credit toward a bachelor's degree.
- For a student who was homeschooled in a State where State law requires the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized Equivalent), a copy of that credential.
  - For a student who was homeschooled in a State where State law does not require the student to obtain a secondary school completion credential for homeschooling (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 includes a statement that the student successfully completed a secondary school education in a homeschool setting.

A student who is unable to obtain the documentation listed above must contact the financial aid office.

#### I certify that all the information reported on this worksheet is complete and correct.

Student	Signature
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Date

Date

#### Spouse's Signature

Return completed form with the *original signature* via mail or in-person (must show photo ID if bringing in-person). *DO NOT FAX or EMAIL.* WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both. Mailing Address: 303 University Drive Mangilao, Guam 96923-9000 Contact: 671-735-2287/88

## STUDENT'S IDENTITY AND STATEMENT OF EDUCATION AL PURPOSE

The student must appear in person at the University of Guam Financial Aid Office to verify his or her identity by

presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

## STATEMENT OF EDUCATIONAL PURPOSE

I certify that I,

, am the individual signing this Statement of Educational Purpose and that the

(Print Student's name)

Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending University of Guam for 2024 - 2025.

**Student Signature** 

UOG ID Number

Date

## NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

If the student is unable to appear in person at the University of Guam Financial Aid Office to verify his or her identity, the student must provide to the institution:

- A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- The original Statement of Educational Purpose provided above, which must be notarized.

State of	
City/Country of	
On, before me,	
(Date)	(Notary's name)
personally appeared,	, and proved to me on the basis of satisfactory evi-
(Print name of si	igner)
dence of identification	to be the above-named person who signed the
(Type of unexpired governme	nt-issued photo ID provided)
foregoing instrument.	
WITNESS my hand and official seal	My commission expires on
(Notar	y's signature) (Date)
Return completed form with the original signal	nture via mail or in-person (must show photo ID if bringing in-person). <u>DO NOT FAX o</u>

Return completed form with the original signature via mail or in-person (must show photo ID if bringing in-person). DO NOT FAX or EMAIL. WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both. Mailing Address: 303 University Drive Mangilao, Guam 96923-9000 Contact: 671-735-2287/88