



# 2026-2027 Verification Worksheet

## Federal Student Aid Programs

### College of Micronesia-FSM

**DEPENDENT STUDENT**  
Tracking Group  
**V4**

Your 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 and your parents reported on your FAFSA. To verify that you provided correct information we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the COM-FSM Financial Aid Office. If you have questions about verification, contact the nearest COM-FSM Financial Aid Office as soon as possible so that your financial aid will not be delayed.

#### A. Dependent Student's Information

Student's Last Name	Student's First Name	Student' M.I	Student's SS/ID Number
Student's Mailing Address (P.O Box City, State, Zip Code)		Student's Date of Birth	Home Phone

#### B. Identity and Statement of Educational Purpose

This section is ONLY to be completed in person at the COM-FSM Financial Aid Office or front of a Notary Public

#### Notary's Certificate of Knowledge

State of \_\_\_\_\_ City/Country of \_\_\_\_\_ On \_\_\_\_\_

before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_  
(Notary's Signature) (printed name of signer)

and proved to me on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

To be the above named person who signed the foregoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_  
(Notary's Signature) (Date Commission Expires)

**(Seal)**

#### C. Certification and Signatures

By signing this worksheet you certify that all of the information reported on it is complete and correct.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. The student and one parent must sign and date.**

Student's Signature	Date
Parent's Signature	Date

Student Name: \_\_\_\_\_

SS/ID Number: \_\_\_\_\_

**Statement of Educational Purpose**

The student must appear in person at \_\_\_\_\_  
(Name of Postsecondary Education Institution)

to verify his or her identity by presenting a valid government issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. COM-FSM Financial Aid Office will maintain a copy of the student’s photo ID that is annotated by the College with the date it was received and reviewed by Financial Aid. In addition, the student must sign, in the presence of a COM-FSM Financial Aid official, the Statement of Education Purpose provided below. **If you cannot appear in person to sign this Statement of Education Purpose, you will need to provide a copy of your government issued ID and this Statement of Educational Purpose notarized by a public notary**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the  
Printed Student’s Name

Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

\_\_\_\_\_  
(Name of Postsecondary Education institution)

\_\_\_\_\_  
Student’s Signature                      Date

**FOR FINANCIAL AID OFFICE USE ONLY: DO NOT WRITE BELOW**

\*\*\*\*\*

Received by: \_\_\_\_\_  
Financial Aid Official’s signature

Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_  
Financial Aid Director’s signature

Date: \_\_\_\_\_