

<b>STAFF USE ONLY</b>	
Form Received by _____	_____
Date _____	_____

## 2023-2024 Verification Worksheet

### Dependent Student – Tracking Group V4

Your 2023–2024 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 parent(s) reported on your FAFSA. To verify that you provided correct information the MATC financial aid office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences between your FAFSA application information and this worksheet and/or documents you submitted, MATC will send corrections electronically to the federal processing center to have your application reprocessed. **The MATC financial aid office may ask for additional information.**

#### A. DEPENDENT STUDENT’S INFORMATION (Please print)

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s ID Number
Student’s Street Address (include apt. no.)			Student’s Date of Birth
City	State	Zip Code	Student’s Email Address
Student’s Home Phone Number (include area code)			Student’s Alternate or Cell Phone Number

#### B. DOCUMENTATION OF IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

In order to complete the Verification process, you will need to appear in person at one of the MATC Admissions Centers at any of our campuses and present your government issued ID (such as a driver’s license, military ID, passport, etc.) and this verification worksheet to an MATC staff member. The MATC staff member will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. **If you cannot appear in person to submit this worksheet, you will need to provide this worksheet notarized by a public notary. (Electronic Signatures Cannot be accepted).**

##### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Student’s Name)

Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Milwaukee Area Technical College for 2023-2024.

Student’s Signature	Date	MATC Staff Member Signature	Date
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**Your signature must be witnessed below by either an MATC staff member when you submit this worksheet in person at an MATC campus Admissions Center or by a Notary if you are emailing, faxing or mailing the worksheet.**

Printed Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

**Notary's Certificate of Knowledge**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ before me,  
\_\_\_\_\_ personally appeared, \_\_\_\_\_  
(Notary's Name) (printed name of signer)

And provided 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 \_\_\_\_\_ (seal)  
(Notary Signature) (Date commission expires)

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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

**C. CERTIFICATION AND SIGNATURES**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. the student and one parent must sign and date. (Electronic Signatures are not acceptable.)

\_\_\_\_\_  
Student's Signature Date

**Return the signed worksheet and any other documents via fax or mail to:**

Financial Aid Office: 700 West State Street, Room S115, Milwaukee, WI 53233-1443 ■ Phone: 414-297-6282 ■ Fax: 414-297-6466

**matc.edu** finaid@matc.edu