2023–2024 Aggregate Verification Worksheet Dependent Student

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 parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school 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 financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (in	clude apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Phone Number (i	nclude area code)		Student's RSC ID number

B. Dependent Student's Family Information

List below the people in your <u>parent(s)</u>' household. Include:

A. Dependent Student's Information (Please print clearly)

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2023, through June 30, 2024 or if the other children would be required to provide parental information if they were completing a FAFSA for 2023–2024. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2024.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2023, and June 30, 2024. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at
				Least Half Time
Missy Jones (example)	18	Sister	Central University	Yes
		Self		

Student's Name:	Student ID:	
C. Dependent Student's Income Information to Be Verific	ed	
1. TAX RETURN FILERS—Important Note: If the student fil financial aid administrator before completing this section.	ed an <u>amended</u> 2021 IRS tax return, the	e student must contact the
Instructions : Complete this section if the student fil	ed a 2021 income tax return with	n the IRS.
If you filed taxes, check ONE box that app	<u>lies:</u>	
The student <u>has used</u> the IRS Data Retrieval Tool in FAFS into the student's FAFSA on the initial FAFSA or when m		2021 IRS income information
Student's 2021 signed federal tax return (1040) and all file	d schedules OR an IRS tax transcript is	s attached to this worksheet.
2. TAX RETURN NONFILERS —Complete this section if the s return with the IRS.	tudent, will not file and is not required	to file a 2021 income tax
If you did not file taxes, check ONE box th	at applies:	
The student was not employed and had no income earned	from work in 2021.	
The student was employed in 2021 and has listed below th each employer in 2021, and whether an IRS W-2 form is a student by employers. List every employer even if they did separate page with the student's name and Social Security	ttached. Attach copies of all 2021 IRS not issue an IRS W-2 form. If more spa	W-2 forms issued to the
Employer's Name	2021 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)	\$2,000.00(example)	Yes(example)

Student's Name:	Student ID:		
D. Parent's Income Information to Be Verified - Note: If two instructions and certifications below refer and apply to both parent.		of this worksheet, the	
1. TAX RETURN FILERS—Important Note: If the student's par financial aid administrator must be contacted before completing to		x return the student's	
Instructions: Complete this section if the student's pathe IRS.	arent(s) filed or will file a 2021	income tax return with	
If you filed taxes, check ONE box that appli	ies:		
The student's parent <u>has used</u> the IRS Data Retrieval Tool in into the student's FAFSA, either on the initial FAFSA or wh			
The student's parent has attached a 2021 IRS Tax Transcript to this worksheet.	t OR signed 2021 federal tax return (1040) and all filed schedules	
TAX RETURN NONFILERS—complete this section if the income tax return with the IRS.	e student's parent(s) will not file and	is not required to file a 202	
If you did not file taxes, check ONE box tha	at applies:		
The parent(s) was not employed and had no income earned f	from work in 2021.		
The parent(s) was employed in 2021 and has listed below the each employer in 2021, and whether an IRS W-2 form is attaparent(s) by employer(s). List every employer even if they disseparate page with the student's name and Social Security N	ached. Attach copies of all 2021 IRS id not issue an IRS W-2 form. If more	W-2 forms issued to the	
Employer's Name	2021 Amount Earned	IRS W-2 Attached?	
Suzy's Auto Body Shop (example)	\$2,000.00 (example)	Yes (example)	

E. Identity and Statemer	nt of Educational Pur	pose (To Be Signe	d at the Institution)
The student <i>must appear in p</i>	erson at <u>Russell Sage</u>	e College (Albany or	Troy campus) to verify
his or her identity by presenting	g a valid government-i	ssued photo identific	cation (ID), such as,
but not limited to, a driver's lice	ense, other state-issue	d ID, or passport. Ti	ne institution will maintain
a copy of the student's photo II	O that is annotated by	the institution with th	ne date it was received and
reviewed, and the name of the	official at the institutio	n authorized to rece	ive and review the student's ID.
In addition, <i>the student must</i>	sign, in the presence	of the institutiona	<i>I official</i> , the Statement of
Educational Purpose provided	below.		
	Statement of Edu	ıcational Purpose	
	Statement of Edd	icational rui pose	
I certify that I(Print Student		am the individual	signing this
(Print Student Statement of Educational Purpose will only be used for educational p	e and that the Federal st	udent financial assista	ance I may receive
STUDENT SIGNATURE		DATE	STUDENT ID NUMBER
SIGNATURE of AUTHORIZED SAGE OF	FFICIAL	DATE	
RSC Employee check which docurDriver's License	ment is copied for reviewNon-Driving State ID		Passport
Note: If other, contact Financial Aid C	Office to verify its acceptabi	lity	
Certification and Signatur	<u>res –</u> Must be comple	eted by Student AN	D Parent
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.		WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	
Student's Signature		Date	
Parent's Signature		Date	

Student's Name: ______ Student ID: _____

Return completed form to and supporting documentation: Russell Sage College, Attn: Financial Aid Office, 65 First Street, Troy, NY 12180

STOP! Complete this page ONLY if student <u>did not</u> complete Section E of the verification worksheet.

Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at Russell Sage College to verify his or her identity, the student must provide to the institution:

- (a) 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; (please have notary sign the copy of the government issued Identification) **AND**
- **(b)** The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I(Print Student's Name)	am the individual signing this
Statement of Educational Purpose and that t	the Federal student financial assistance I may receive will only be used tof attending Russell Sage College for 2023-2024.
STUDENT SIGNATURE	DATE
STUDENT ID NUMBER	
Notary's Certificate of Acknowledgement	
State of	
City/County of	
On, before me,	(Notary's name)
(Date)	(Notary's name)
personally appeared,	, and provided to me
,	name of signer)
because of satisfactory evidence of identification	ation(Type of unexpired government-issued photo ID provided)
to be the above-named person who signed t	he foregoing instrument.
WITNESS my hand and official seal (seal)	
, ,	(Notary signature)
	My commission expires on (Date)

Return completed form to and supporting documentation: Russell Sage College, Attn: Financial Aid Office, 65 First Street, Troy, NY 12180