

**2016-2017****VERIFICATION SUPPLEMENT**

Student Name: _____ Student ID Number: _____
Last First M.I.

The Department of Education requires us to verify certain information reported on your Free Application for Federal Student Aid (FAFSA). Please provide all the information requested for each item. **Return within 15 days.**

Section 1 F17FSV

SNAP Benefits received in either 2014 or 2015: Fill in the boxes and sign this form.
 Attach a separate sheet if necessary.

| Name of Person Who Received SNAP Benefits | Year(s) Received |
|---|------------------|
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| | |

Section 2 F17CSV

Child Support Paid in 2015. Fill in the boxes and sign this form.
 One of the parents included in the household or the student paid child support in 2015. List below:

- The names of those who paid child support at any time during 2015.
- The names of those to whom the child support was paid.
- The names of the children for whom the support was paid.
- The age of those for whom the support was paid, AND
- The amount of child support paid in 2015.

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support was Paid | Age of Child for Whom Support was Paid | Amount of Child Support Paid in 2015 |
|---------------------------------------|---|---|--|--------------------------------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Section 3 F17ISP**Identity and Statement of Educational Purpose** *(To Be Signed at the Institution)*

The student must appear in person at the University of Pittsburgh at the campus they are attending 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. 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 collect the student's ID.

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

Identity and Statement of Educational Purpose *(To Be Signed in the Presence of a Notary)*

If the student is unable to appear in person at the University of Pittsburgh to verify his or her identity, the student must provide:

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

I certify that I _____ (Print Student's Name)
am the individual signing this Statement of 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 the University of Pittsburgh for 2016-2017.

Student's Signature_____
Date**For Office Use Only:**_____
Name of Authorized Financial Aid Official_____
Date**Financial Aid Official: Retain annotated copy of student's valid government-issued photo ID.**

Notary Certificate of Acknowledgement

State of _____ City/County of _____
On _____, before me, (Print Notary Name) _____,
personally appeared, (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 forgoing instrument.

Student's Signature_____
Date**WITNESS my hand and official seal**_____
Notary Signature_____
SealMy commission expires on _____
Date

Certification and Signatures

By signing this worksheet, I certify that all the information appearing on this form, as well as the information contained on any of the documentation submitted, is complete and correct. I understand if I purposely give false or misleading information that I may be fined, sentenced to jail or both. Dependent students: at least one parent who has provided information on your FAFSA must sign the form.

Student's Signature_____
Date_____
Parent's Signature_____
Date