Financial Aid Office Confluence – Room 120 Campus Box 206 P.O. Box 173363 Denver, CO 80217

Fax: 303-556-5458 Phone: 303-556-5503 Email: <u>financialaid@ccd.edu</u> Website: <u>www.ccd.edu/finaid</u>



2018-2019 VERIFICATION WORKSHEET FORM 4

Student Name:	
SID#: S	Phone:
Email:	
	unt is the only email CCD will accept for correspondence
form may result in a delay of proce	black or blue ink. Failure to accurately complete this essing or change of financial aid eligibility. Additional ted. Read instructions carefully before completing.
Section 1: High School Completi	on Status
Please submit documentation to ver Acceptable documentation can inclu	rify you have completed a high school education. ude:
 GED certificate or transcript. 	official transcript with your graduation date.
_	nt you have successfully completed at least a two year r full credit toward a bachelor's degree at any
Home school credential or traIf high school completed in fo	reign country, a copy of the "secondary school
leaving certificate" or similar	document.
besignated institutional official.	
Section 2: Identity	
	D at the Financial Aid Office- if unable to appear in student must complete this section with a notary)
• •	s Financial Aid Office to verify your identity by ed photo identification (ID), such as, but not limited sued ID, or passport.
Type of Documentation Submitted: Designated institutional official:	

Statement 3: Statement of Education Purpose

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In addition, you must sign, in the presence of a CCD Financial Aid Of the following:	ffice staff member,
I certify that I (student's printed name)	e federal student urposes and to pay
Student Signature: Date:	
Notary Section Instructions: Please Read	
This section should only be completed if you are unable to appear in institution with a designated official. This form (the original on which should be mailed to CCD's Financial Aid Office along with the copy of issued identification and high school documentation. Notary's Certificate of Acknowledgement	the seal is visible)
State of, City/County of on (date), before me (notary's name), personally appeared (printed name of signer) proved to me on the basis of satisfactory evidence of identification unexpired government-issued photo ID provided) above-named person who signed the foregoing instrument.	, and ition (type of
My commission expires on	, 20
Notary Name (print):(SEAL)	
Notary Signature:	