



**Federal Verification Worksheet 2026-27**

The federal government selected your 2026-27 Free Application for Federal Student Aid (FAFSA) for review in federal verification. Federal Regulations state that before awarding Federal Student Aid, the Financial Aid Office must confirm the information you and your parents reported on your FAFSA. A financial aid administrator will compare your FAFSA with the information on this worksheet and any other required documents to verify your information. If there are differences, the Financial Aid Office may request additional information. ***Dependent Students: You and at least one parent must complete and sign this worksheet, attach any required documents, and submit all documents to the College's Financial Aid Office. We may ask for additional information.*** Contact the Financial Aid Office with questions about the federal verification process.

Student's Information		
Last Name:		First Name:
M.I.	GBC ID #:	Date of Birth:
Street Address:		
City:		State: ZIP Code:

Student's Family Information		
Full Name	Age	Relationship

Family Size - Includes the following:

- The student.
- The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
  - They live with the student's parents (or live apart because of college enrollment),
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
  - They live with the student's parents,
  - They receive more than half of their support from the student's parents, and



- They will continue to receive more than half their support from the student's parents during the award year.

**Student's Tax Filing Status-Calendar Year 2024**

\_\_\_ I filed a tax return for 2024.

I will provide/have provided my 2024 federal income tax information via one of the following methods:

\_\_\_ FUTURE Act Direct Data Exchange (FA-DDX)

\_\_\_ Signed/dated copy of 2024 federal income tax return including all pages, associated schedules, and W-2 forms.

\_\_\_ I did not file a tax return and did not earn income from work in 2024.

\_\_\_ I was employed but I did not file a tax return in 2024.

I earned income from the sources listed below and will provide/have provided all appropriate W-2 forms.

List each 2024 employer and source of income. Please do not include approximate amounts.	Amount Received
Source:	\$

**Parent's Tax Filing Status-Calendar Year 2024 (Dependent Students Only)**

\_\_\_ I filed a tax return for 2024.

I will provide/have provided my 2024 federal income tax information via one of the following methods:

\_\_\_ FUTURE Act Direct Data Exchange (FA-DDX)

\_\_\_ Signed/dated copy of 2024 federal income tax return including all pages, associated schedules, and W-2 forms.

\_\_\_ I did not file a tax return and did not earn income from work in 2024.

\_\_\_ I was employed but I did not file a tax return in 2024.

I earned income from the sources listed below and will provide/have provided all appropriate W-2 forms.

List each 2024 employer and source of income. Please do not include approximate amounts.	Amount Received
Source:	\$



Source:	\$
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**Identity and Statement of Educational Purpose  
(To Be Signed at the Institution)**

The student must appear in person at **GOLDEY-BEACOM COLLEGE** to verify his or her identity by presenting an unexpired 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 receive and review the student’s ID.

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

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Name)

statement of Educational Purpose and that the Federal student financial assistance I receive will only be used for educational purposes and to pay the cost of attending **GOLDEY-BEACOM COLLEGE** for 2026-27.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student’s GBC ID #: \_\_\_\_\_

**\*\*\*IF YOU ARE UNABLE TO  
APPEAR IN PERSON, SEE  
NOTARIZED OPTION ON THE  
FOLLOWING PAGE\*\*\***



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

The student is unable to appear in person at **GOLDEY-BEACOM COLLEGE** to verify his or her identity, the student must provide to the institution:

- A copy of the unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport; and
- 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 \_\_\_\_\_ am the individual signing this  
(Print Name)  
statement of Educational Purpose and that the Federal student financial assistance I receive will only be used for educational purposes and to pay the cost of attending **GOLDEY-BEACOM COLLEGE** for 2026-27.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student’s GBC ID #: \_\_\_\_\_

**Notary’s Certificate of Acknowledgement**

State of \_\_\_\_\_  
City/County of \_\_\_\_\_  
On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Notary’s Name)  
\_\_\_\_\_, personally appeared, 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**

**My commission expires on:**

\_\_\_\_\_  
**(EXP. DATE)**

**(SEAL)**



(Notary Signature)

(Date)

**Certification and Signatures**

Each person signing this worksheet certifies all the information reported is complete and correct. **The student and at least one parent must sign and date.** *Note: Independent students do not require parental signature.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Pen/Ink signature REQUIRED. Computer generated signatures are not acceptable.***

If you need assistance completing this form, please call our office at 302-225-6264.