Randolph-Macon College
Ashland, Virginia

Office of Financial Aid
P. O. Box 5005, 114 College Avenue
Ashland, VA 23005
FAX: (804) 752-3719
Email: financial-aid@rmc.edu

Office Use ONLY:

Reviewed by: _____

Date: _____/_____/_____

2014-2015 R-MC CUSTOM VERIFICATION WORKSHEET – V4

A – STUDENT INFORMATION

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

_____
Student's Street Address *Date of Birth*

_____
Student's Home Phone # (include Area Code) *Student's Cell Phone # (include Area Code)* *Student's E-mail address*

B – HIGH SCHOOL COMPLETION STATUS

NEW STUDENTS: You must provide our Admissions Office a copy of your final High School Transcript showing the date your diploma was awarded, if you have not already done so.

RETURNING STUDENTS: If you have not provided our Admissions Office with a copy of your final High School Transcript showing the date your diploma was awarded, you must provide us with a copy before we can continue to process your financial aid request.

C – SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Did anyone in your household receive SNAP during the calendar year 2012 or 2013?

_____ YES. Attach documentation to show benefits were received during 2012 or 2013.

_____ NO.

D – CHILD SUPPORT PAID

Complete table below if one of the parents included in the household or the student paid child support to another household in 2013.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Total Annual Amount of Child Support Paid in 2013

PLEASE NOTE: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation.

E – IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To be signed with Notary)

If the student is unable to appear in person at _____
(Name of Postsecondary Educational Institution)
to verify his or her identity, the student must provide:

(a) 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**

(b) The original notarized Statement of Educational Purpose provided below.

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 _____
(Name of Postsecondary Educational Institution)

_____ _____
(Student's Signature) (Date)

_____
(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's Name)

personally appeared, _____, and provided to me on basis of
(Printed Name of Signer)

satisfactory evidence of identification _____ to be the above-named person
(Type of Government-Issued Phone ID Provided)

who signed the foregoing instrument.

WITNESS my hand and official seal _____
(Seal) (Notary Signature)

My commission expires on _____
(Date)

F – CERTIFICATION: By signing this worksheet, I (we) certify all the information reported is complete and correct, and I (we) understand that this worksheet is considered incomplete without the requested appropriate documentation. We must have original signatures on this worksheet, thus you can only mail or bring it into our office.

_____
Student Signature *Date* *Student Name (Please Print)* *R-MC Student ID #*

_____
*Parent Signature (**IF** Student is dependent)/Spouse Signature (**IF** Student is married)* *Date* *Parent/Spouse Name (Please Print)*

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