

2022-2023
Custom Verification Form



Office of Financial Aid & Scholarships
500 College Drive, Lake Jackson, TX 77566
Phone: 979-230-3377 Fax: 979-230-3543
Email: finaid@brazosport.edu

Student Name: _____ Student ID# _____ Phone # _____

Your 2022-2023 Free Application for Federal Student Aid (FAFSA) was selected for verification by the Department of Education. The law states that before any Federal Student Aid may be awarded, we must ask you to confirm the information you and/or your parent(s)/stepparent reported on your FAFSA. To verify that you provided correct information we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are any differences, your FAFSA information may need to be corrected. You and at least one parent (if applicable) must complete and sign this form, attach any required documents, and submit it all to Brazosport College Office of Financial Aid & Scholarships. If you have questions about verification, contact the Brazosport College Office of Financial Aid & Scholarships as soon as possible to prevent any delays in your potential aid.

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

(To Be Signed at the Institution)

The student must appear in person at Brazosport 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 Education Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing
(Print Student's Name)

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 Brazosport College for 2022-2023.

Student's Signature _____ Date _____

Student's ID Number _____

SIGNATURE(S) REQUIRED

Each person signing below certifies that all the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____ Date: _____

Parent Signature (If Dependent): _____ Date: _____

For Office of Financial Aid & Scholarships Use Only:

Received by: _____ Signature: _____ Date: _____