

Yale School of Nursing 2016-2017 Institutional Verification Document

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Information

Student's Last Name	First Name	M.I.	Student's Identification (ID) Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City State Zip Code			Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

B. Verification of 2015 Income Information for Student Nontax Filers

The instructions and certifications below apply to the student and spouse, if the student is married. Complete this section if the student and spouse will not file and are not required to file a 2015 income tax return with the IRS.

Check the box that applies:

The student and spouse were not employed and had no income earned from work in 2015.

The student and/or spouse were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided. [Provide copies of all 2015 IRS W-2 forms issued to the student and spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

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

Employer's Name	2015 Amount Earned	IRS W-2 Provided?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>	<i>Yes</i>

C. Identity and Statement of Educational Purpose :

If the student is unable to appear in person at Yale School of Nursing 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 Educational
(Print Student’s Name)

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 _____ for 2016-2017.
(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
(Printed name of signer)

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 _____
(Notary signature)

My commission expires on _____
(Date)

Note: Students have the option of appearing in person at the Yale School of Nursing Financial Aid Office to both present documentation and sign the Statement of Educational Purpose without notary authorization.

D. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

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

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

RETURN TO:

*Financial Aid Office,
Yale School of Nursing,
P.O. Box 27399,
West Haven, CT 06516-0972
Fax: 203-737-5409
Email: fredericka.grant@yale.edu*