

Office of Financial Aid 3303 Rebecca St. Sioux City, IA 51104 (712) 279-5530 Financial.Aid@briarcliff.edu

## 2026-2027 Independent Verification Worksheet (V1 V5)

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for verification. Federal law requires us to confirm the information reported on your FAFSA before Federal Student Aid is awarded. We will compare information from your FAFSA with requested financial documents. If there are differences your FAFSA will be corrected by the Financial Aid Office. You and your spouse (if applicable) whose information was reported on your FAFSA, must complete and sign this verification document, attach any requested documents, and submit them to the financial aid office via in person, email or mail.

STUDENT INFORMATION				
Full Name:	Student ID:			
Email:	Phone:			
A. FAMILY SIZE	INFORMATION			
•	udes the following:			
■ The stu				
<ul> <li>The student's spouse (if applicable)</li> </ul>				
• The student's children if ALL the following are true:				
0	They live with you or live apart due to college enrollment,			
0	They receive more than half their support from you, and			
0	They will continue to receive more than half their support from you during the award year.			
<ul><li>Other p</li></ul>	persons if ALL the following are true:			
0	They live with you,			
0	They receive more than half their support from you, and			
0	They will continue to receive more than half their support from you during the award year.			

• Do not include any unborn children in the family size.

Full Name	Age	Relationship to Student
		Self

D CTI	UDENT 2024 INCOME VERIENCATION			
	JDENT 2024 INCOME VERIFICATION use choose one scenario:			
	I consented to use the Direct Data Exchange (income information into my FAFSA, either or			
	FAFSA.  o Must provide the institution with a 20 2024 income tax return and applicable.		script or a signed copy of the	
		d from working in 2024.	return	
	<ul> <li>Must submit W-2 forms for each emp</li> <li>List below the names of all employer</li> </ul>	loyer or 1099-MISC.		
**On	aly use this table to provide income if you did not	file a tax return. Use ada	litional paper if necessary	
Employer Name		Amount	IRS W-2 ATTACHED? (YES/NO)	
		\$		
		\$		
		\$		
****	1 2	quired to file a 2024 fede loyer or 1099-MISC. s and the amount earned	ral tax return. from each employer	
	ployer Name	Amount	IRS W-2 ATTACHED?	
	ployer Name	Amount	(YES/NO)	
		\$		
		\$		
		\$		
		\$		
D. CER	TIFICATION AND SIGNATURES			
	person signing below certifies that the information person was reported on the oted.			
STUI	DENT SIGNATURE:		DATE:	
SPOU	USE SIGNATURE (If Applicable):	DATE:		

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