

2022-2023 V1-VERIFICATION SHEET

| LAST NAME | | FIRST NAME | | | | | | |
|---|------------------|------------------------------|--|------------------------|------------------------------------|-----------|------------------|---------------|
| LAST 4 DIGITS OF SOCIAL SECURI | | ANDREWS UNIVERSITY ID NUMBER | | | | | | |
| STUDENT'S EMAIL ADDRESS | TELEPHONE/MOBILE | | | | | | | |
| Verification Explained | | | | | | | | |
| SECTION 1-HOUSEHOI • Need help completi | | _ | tion? | | | | | |
| Full names of ALL household members Remember to list yourself first! | Age | Relationship to student | Will he/she be enrolled in a degree program at a college/university at least half-time in 2022-23? | | If enrolled, what type of program? | | Name of | |
| | | | | | UG | GRAD | college/universi | |
| | | Self | ☐ Yes | □ No | | | | |
| | | | ☐ Yes | □ No | | | | |
| | | | ☐ Yes | □ No | | | | |
| | | | ☐ Yes | □ No | | | | |
| | | | ☐ Yes | □ No | | | | |
| | | | ☐ Yes | □ No | | | | |
| | | | ☐ Yes | □ No | | | | |
| SECTION 2-TAX INFOR • Need help completing > Check the option below that approximately | ng <u>Tax lı</u> | nformation? | & your parent/s _l | oouse: <i>ONLY ONE</i> | OPTION PE | R STUDENT | & PAF | EENT/SPOUSE |
| | | | | | | Stud | | Parent/Spouse |
| A. Have or will use IRS Data Retrieval when completing FAFSA (data was not altered). | | | | | urn transcri | pt. [| _ | |
| B. Not eligible for IRS Data Retrieval. Will submit 2020 signed copy of federal tax return or tax return transcripC. Did work in 2020 but did not file taxes. I am not required to file a 2020 federal tax return. | | | | | | pt | | |
| D. Did NOT work in 2020 and did not file taxes. I am not required to file a 2020 federal tax return. | | | | | | | | |
| E. Did NOT file taxes but had inco | | | | | | _ | _ | |
| REQUIRED SIGNATURE(S) | | | | | | | | |
| STUDENT | | | | | DATE | | | |
| PARENT OF DEPENDENT STUDENT | | | | | DATE | | | |
| | | | | | | | | |
| | 0 | Log in to Final | ncial Aid Self-S | | | | | |

Mail to: Andrews University

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