

VERIFICATION OF EDUCATIONAL FINANCIAL AID

This authorizes you to release information to the Iowa Department of Human Services. Please complete this form and send or fax it back by . If you have any questions, call collect, if necessary, at the phone number listed. Thank you for your help.

[Empty box for stamp or mark]

Date Sent:

From:

Phone Number:

Fax:

Re:

Social Security No.:

Please provide information for the academic year _____ to the Iowa Department of Human Services. I release you from liability for disclosing this information even if it is confidential. This permission stops _____.

Signature

Date

A. Is or was the student a graduate or undergraduate enrolled in less than half-time or full-time study?

Please complete the following sections if checked.

B. Does or did the student have any employment other than college work study? Yes No Unknown

If yes, where? _____

C. If the student got student aid, complete the following:

Type of Aid (Loans, grants, scholarships, assistantships, etc.)	Amount and Date Received (Please list all amounts disbursed and disbursement dates. We do not mean the money refunded to the student.)		Time Period Covered (Period of time used to determine need for the student aid.)

D. If eligibility for aid is not determined yet, please estimate the date this will be decided. _____

E. Is or was the student in a college work study program? Yes No. If yes, how many hours per week? _____

Please verify the pay dates and the gross pay per pay periods. _____

F. Does or did the student receive financial aid from any other source? Yes No. If yes, explain. _____

G. List any tuition and mandatory fees incurred for the listed academic year. _____

H. Total student aid for entire school year the student is eligible for _____. (Do not include work study.)

I. Total student budget minus room and board used to determine this student aid. _____

J. What amount is budgeted for child care? _____

K. Amount of money refunded to student and date. _____

Signature and Title of Person Providing Information

Date