



**Student Name:** \_\_\_\_\_ **Student NUID:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

The Financial Aid Office is **required to verify** the accuracy of information reported on your FAFSA and to make corrections if necessary. Financial Aid Awards cannot be finalized, and aid cannot be paid to the student account until verification is complete.

On the FAFSA, your parents reported that their taxable income for 2024 included grant and/or scholarship aid. This may include AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. Please report the correct amount that was included in your parents' taxable income for 2024. **If not applicable, please report \$0.**

\$ \_\_\_\_\_ \* (List only the amount of grants/scholarships reported on your parents' 2024 tax return.)

**\*If you reported an amount on the line above,** please submit the following with this form:

- a signed copy of your parents' 2024 Federal Tax return (including Schedule 1, 2, or 3, and Form 8863, if applicable) and
- your parents' 2024 W2 forms.

**\*If you reported \$0 on the line above,** we will update your FAFSA to correct this field to \$0.

**CERTIFICATION AND SIGNATURE:**

Each person signing below certifies that all of the verification information reported is complete and correct. The parent(s) and/or stepparent, if applicable, must sign and date below. **\*Electronic Signatures are not accepted.\***

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

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/STEPPARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return Form To:** CSC START Office  
1000 Main Street, Chadron NE 69337

 Fax: (308) 432-6474  Phone: (308) 432-6061