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Telephone: 217-351-2222 Fax: 217-373-3807

2025-2026 Verification Worksheet V4 - Dependent Student

(01/2025)

Forms can be submitted by mail, fax (217/373-3807), or delivered in person. To ensure your privacy, DO NOT submit forms through email.

. o oneare year privacy,	
Name	 Student's ID Number
ivanie	Student's ID Number
-	and Statement of Educational Purpose, on A or Section B (only one section needs to uirements).
A. <u>Identity and Statement of E</u> (Must Be Signed at the Ins	
unexpired, government-issued photo ide state-issued ID, or passport. The institut	at Parkland College to verify their identity by presenting a valid, entification (ID), such as, but not limited to, a driver's license, other tion will maintain a copy of the student's photo ID that is annotated by red and reviewed and the name of the official at the institution
In addition, the student must sign, in th	e presence of the institutional official, the following statement:
	atement of Educational Purpose
I certify that I,	, am the individual signing this Statement of Educational
Purpose, and that the Federal student fi	nancial assistance I may receive will only be used for educational
purposes and to pay the cost of attendir	ng Parkland College for 2025-2026.
(Student's Signature)	(Date)

B. <u>Identity and Statement of Educational Purpose</u> (Must Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Parkland College to verify their identity, the student must provide:

(a) A copy of the valid, unexpired, 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.

Notary's Certificate of Acknowledgement					
State of Illinois City/County of		_			
On	_ (Date), before me,	(Notary's	name), personally		
appeared,		_ (Printed name of signer), and proved	d to me on basis of		
satisfactory evide	ence of identification	(Type of gove	rnment-issued photo ID		
to be the above-	named person who signed th	ne foregoing instrument.			
WITNESS my ha	and and official seal				
		(Notary signature)	(Date)		

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Illinois Residency Verification

The Illinois Student Assistance Commission (ISAC) requires students to verify Illinois residency.

For a dependent student to be considered an Illinois resident, his/her parent from the 2025-26 Free Application for Federal Student Aid (FAFSA) must physically reside in Illinois and Illinois must be his/her true, fixed, and permanent home.

You must submit a copy of one of the acceptable documents listed below.

- Parent's Illinois driver's license or Valid State of Illinois Identification Card issued prior to 8/18/2024
- Utility or rent bills in the parent's name issued between 8/18/2023 and 8/18/2024
- Illinois Auto Registration for the parent issued between 8/18/2023 and 8/18/2024
- Parent's Statement of benefits history from the Illinois Department of Healthcare and Family Services, Illinois Department of Employment Security, or Social Security Administration issued between 8/18/2023 and 8/18/2024
- Parent's residential lease issued between 8/18/2023 and 8/18/2024
- Parent's Illinois voter's registration card issued between 8/18/2023 and 8/18/2024
- Parent's property tax bill issued between 8/18/2023 and 8/18/2024

lf	documents	cannot be	provided.	please	check the	box below:

, .	o provide any of the required documer king this box will render me ineligible t	,
Certification and Signatur I certify that all the information reported to the student and one parent whose inform that all the control of th	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	
Student Signature	 Date	Handwritten signatures are required. Electronic signatures will not be accepted.
Parent Signature	 Date	

Parkland College ensures equal educational opportunities are offered to all students regardless of race, color, national origin, gender, disability, sexual orientation, veteran/Vietnam veteran era, age, or religion, and is Section 504/ADA compliant. For additional information or accommodations call 217-351-2505.

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