



Office of Student Financial Aid  
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**Office Hours:** M-F 8AM – 5PM  
<https://financialservices.ouhsc.edu/Departments/Student-Financial-Aid>  
[www.facebook.com/OUHSCFinancialAid](http://www.facebook.com/OUHSCFinancialAid)

Your **2020 – 2021 Free Application for Federal Student Aid (FAFSA)** was selected for review in a process called Verification. Federal regulations require that the Office of Student Financial Aid compare information from your application with information you provide below prior to awarding Federal Student Aid. If there are differences between your application information and your statement, you or our Office may need to make corrections.

Complete this form and submit it to the Office of Student Financial Aid as soon as possible in order to avoid processing delays.

On your **2020 – 2021 FAFSA**, you indicated particular demographic information that must now be verified. Please complete the below information.

**Student information:**

Student name: \_\_\_\_\_

Student ID number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (include area code): \_\_\_\_\_

### Family and household information:

List the people in your household, including:

- Yourself and your spouse, if you are married, **and**
- Your children, if you will provide more than half of their support from July 1, 2020 through June 30, 2021, even if they do not live with you, **and**;
- Other people, if they now live with you, and you provide more than half of those people’s support and will continue to provide more than half of those people’s support through June 30, 2021.

Write the names of all household members in the space(s) below. Also write in the name of the post-secondary institution for any household member, excluding your parent(s), who will be attending at least half-time between July 1, 2020 and June 30, 2021, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College, University, etc.
John Doe (example)	24	Husband	Any University
		Self	Ouhsc

By signing this form, I certify that all the information reported is complete and correct.  
 If you upload this completed document via [Self-Service](#), your physical signature is not necessary.

Student name, printed: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**