

Student's Name: _____ **Student ID#:** _____

E-mail: _____ **Cell Phone#:** _____ **Date:** _____

Your FAFSA was selected for verification. In this process we verify the information provided on your FAFSA with the information requested below. If there are differences between the two, we may need to correct your FAFSA information. Upon review, additional information may be required; notification of such will be made as quickly as possible. **We cannot continue processing your financial aid application until all requested information is received and completed.** Federal, state or university need-based aid and/or grant eligibility can only be estimated until this process is complete. Failure to complete verification in a timely manner may result in being ineligible for aid.

A. Family Size (check and complete all that apply)

List yourself (the student) and the parent(s) / stepparent(s) in YOUR family as reported on the FAFSA:

Full Name	Date of Marriage (if applicable) of Parents/Stepparents listed on FAFSA	Check here if marital status of Parent on FAFSA is Divorced as of date of FAFSA	Relationship to Student	If attending College at least half-time in 2026-2027, what College?
			SELF	University of Oklahoma-Health
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Parent (1) or <input type="checkbox"/> Stepparent (1)	Parent(s) excluded
	Date of Marriage:	Date of Divorce:	<input type="checkbox"/> Parent (2) or <input type="checkbox"/> Stepparent (2)	Parent(s) excluded

Did BOTH parent(s)/stepparent listed above file a 2024 tax return?

YES

NO – Each non-filer parent **MUST PROVIDE A SIGNED AND DATED STATEMENT** certifying that the individual has not filed and is not required to file a 2024 income tax return, as well as the sources of 2024 income earned from work and the amount of income from each source.

List your siblings for whom the parent(s) listed above provide more than half their financial support and will continue to provide it from July 1, 2026, through June 30, 2027. :

Full Name	Date of Birth	Relationship to Student
		<input type="checkbox"/> Sibling or <input type="checkbox"/> Stepsibling
		<input type="checkbox"/> Sibling or <input type="checkbox"/> Stepsibling
		<input type="checkbox"/> Sibling or <input type="checkbox"/> Stepsibling

List other people who live with your parents and for whom the parent(s) listed above provide more than half their financial support and will continue to provide it from July 1, 2026, through June 30, 2027:

Full Name	Date of Birth	Relationship to Student

B. Check the box that applies to you, the STUDENT - CHECK ONLY ONE:

Check here if you filed taxes and successfully loaded your 2024 income and tax information from the IRS to the FAFSA form **with no changes to your information.** (If so, no tax transcript is required.)

Check here if your 2024 income/tax information was unavailable/could not be used. **ATTACH A COPY OF EITHER:**

- **YOUR 2024 FEDERAL TAX TRANSCRIPT** (Get a Federal Tax Return Transcript at <https://www.irs.gov/individuals/get-transcript> or by contacting the IRS at 1-800-908-9946. ** Make sure to request the “IRS Tax RETURN Transcript” and not the “IRS Tax Account Transcript”; **OR**
- **YOUR FILED 2024 FEDERAL TAX RETURN** – You must physically sign the copy with your “wet” signature even if the return was electronically filed.

Check here if you were **NOT EMPLOYED AND HAD NO INCOME** earned from work in 2024.

Check here and complete this chart if you were **not required to file a 2024 income tax return**, but earned income

Student’s Employment Information	Employer’s Name	Job Title	2024 Amount Earned	Was a W2 issued?
	<i>Jim’s Restaurant (example)</i>	<i>Server</i>	<i>\$2,000.00(example)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
			<input type="checkbox"/> YES <input type="checkbox"/> No	
			<input type="checkbox"/> YES <input type="checkbox"/> No	

C. Check the box that applies to your PARENT(S) - CHECK ONLY ONE:

Check here if your parent(s) filed taxes and successfully loaded their 2024 income and tax information from the IRS to the FAFSA form **with no changes to their information.** (If so, no tax transcript is required.)

Check here if their 2024 income/tax information was unavailable/could not be used **ATTACH A COPY OF EITHER:**

- **YOUR PARENT(S)’ 2024 FEDERAL TAX TRANSCRIPT** (Get a Federal Tax Return Transcript at <https://www.irs.gov/individuals/get-transcript> or by contacting the IRS at 1-800-908-9946. ** Make sure to request the “IRS Tax RETURN Transcript” and not the “IRS Tax Account Transcript”; **OR**
- **THEIR FILED 2024 FEDERAL TAX RETURN** – One parent must physically sign the copy with his/her “wet” signature even if the return was electronically filed.

Check here if your parent(s) **WERE NOT EMPLOYED AND HAD NO INCOME** earned from work in 2024.

Check here and complete this chart if your parent(s) were **not required to file a 2024 income tax return**, but earned income from working in 2024. **YOU MUST ATTACH ALL W2s.** (List “self-employed” if they did not have an employer)

Parent’s/Stepparent’s Name	Employer’s Name	Job Title	2024 Amount Earned	Was a W2 issued?
<i>John Q. Parent, Sr.</i>	<i>Suzy’s Auto Body (example)</i>	<i>Mechanic</i>	<i>\$2,000.00(example)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
				<input type="checkbox"/> YES <input type="checkbox"/> No
				<input type="checkbox"/> YES <input type="checkbox"/> No

D. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must print, sign and date.

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

_____ Date: _____
Student’s Handwritten Signature

_____ Date: _____
Parent’s Handwritten Signature