

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 (and your spouse if you were married on the date you signed your FAFSA):

Full Name	Date of Marriage (if applicable)	Relationship to Student	If attending College at least half-time in 2026-2027, what College?
		SELF	University of Oklahoma-Health
		Spouse	

**If married: Did you and your spouse BOTH file a 2024 tax return(s)?**

YES - Check here if you filed a joint return \_\_\_\_ or here if you filed separate returns \_\_\_\_

NO – Each non-filer **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 children for whom you (and your spouse) 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"/> Child or <input type="checkbox"/> Stepchild
		<input type="checkbox"/> Child or <input type="checkbox"/> Stepchild
		<input type="checkbox"/> Child or <input type="checkbox"/> Stepchild

List other people who live in your household for whom you (and your spouse) 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 from working in 2024. **YOU MUST ATTACH ALL W2s.** (List “self-employed” if you did not have an employer)

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. If married: Check the box that applies to your SPOUSE - YOU MUST CHECK ONLY ONE:**

- Check here if your spouse filed taxes 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 your spouse’s tax/income information was unavailable/could not be used. **ATTACH A COPY OF EITHER:**
  - **Your SPOUSE’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**
  - **Your SPOUSE’s FILED 2024 FEDERAL TAX RETURN** – Spouse must **physically sign** the copy with a “wet” signature even if the return was electronically filed.
- Check here if your **spouse was NOT EMPLOYED AND HAD NO INCOME** earned from work in 2024.

Check here and complete this chart if your spouse **was 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 he/she did not have an employer)

Spouse’s Name	Employer’s Name	Job Title	2024 Amount Earned	Was a W2 issued?
<i>John Q. Spouse, Jr.</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 spouse) 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: \_\_\_\_\_  
Spouse’s Handwritten Signature (if married)