

Student Financial Services 51 Brattle Street Cambridge, Massachusetts 02138-3722 (617) 495-4293 phone (617) 410-4072 fax studentfinance@extension.harvard.edu

2023-24 Verification Worksheet: Dependent Student Household

Your 2023-24 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are differences, we will update your FAFSA accordingly. We may ask for additional information. If you have

B.

C.

STUDENT LEGAL NAME (exactly as printed on your	government-issued photo ID)											
Last/Family/Sur name(s)	First/Given name	First/Given name(s)						Middle name(s)					
DCE ID NUMBER (if known)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER				DATE OF BIRTH example: JAN 01 1994								
See extension.harvard.edu/login if unsure	X X X X	(X -			Month (N	(MM)	Dan	(DD)	Vear	(YYYY)			
- ,					11101115 (10	imin)	Duj	(DD)	1041	(1111)			
lousehold Information	(11										
lease list the people in your household belo clude: Yourself and your parent(s) (inc	•			ur na	rent(s)								
Your parent(s)' other children if	~	•	•	-			1 202)3 thr	ough	Iuno 3	0 202		
or if the other children would be children who meet either of the	e required to provide p	arental infor	mation if they w	vere o	complet	ing a	FAFS	A for 2	2023-	2024.	Includ		
 Other people if they now live we provide more than half of their 			i(s) provide mo	ie tii	ан нан	or the	n sup	рогсал	iia wi	п соп	illue t		
1		,											
FULL NAME		AGE	RELATIONS	HIP	COLLE	EGE (see below)*							
			Self			Harvard Extension School							
Include the name of the college for any household mer	nber, excluding your parent(s), who will be	enrolled, <i>at least half</i>	time i	n a degre	e, diplo	na, or c	ertificat	e progr	am at a	n eligibl		
postsecondary educational institution any time between		-		-									
Note: We may require additional documen in eligible postsecondary educational institu	tation if we have reaso itions is inaccurate	n to believe	that the inform	ation	ı regard	ing th	e hous	sehold	mem	bers e	nrolle		
Student/Parent Signatures													
By signing this worksheet, we certify that a	ll of the information r	eported abo	ve is complete a	nd c	orrect.	At lea	st one	paren	it mus	t sign			
Student's signature							D	ate					
Parent's name (please print)													
arent's signature							D	ato					
arem s signature							D	ate					