

STUDENT'S INFORMATION

Last Name:

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Student ID#:

## 2024-2025 Verification of Identity and Statement of Education (LSTED-G3)

Your 2024–2025 Free Application for Federal Student Aid (FAFSA)/California Dream Act Application was selected for review in a process called verification. The law says that before awarding Federal/State Student Aid, we may ask you to confirm the information you reported on your FAFSA/California Dream Act Application. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA/California Dream Act Application with the information on this worksheet and with any other required documents. If there are differences, your FAFSA/California Dream Act Application information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

First Name:

Street Address:			Date of Birth:		
City:		State:		Zip Code:	
Phone # (include area code):		Email:			
INSTRUCTIONS					
<ul> <li>You must appear in person at San Diego identity by presenting a valid governmer but not limited to, a driver's license, oth maintain a copy of your photo ID that is the name of the official at the institution</li> </ul>	nt-issued photo ider er state-issued ID, o annotated with the	ntification (ID), such or passport. SDMC v date it was receive	n as, vill	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	
<ul> <li>In the presence of a financial aid staff per</li> <li>STUDENT CERTIFICATION OF EDUCATION</li> </ul>			mpleted	and verified:	
The person signing this worksheet certifies that may still be required.			complete	and correct. Additional documents	
I certify that I, Print na Educational Purpose and that the Fe educational purposes and to pay the	ederal student find	ancial assistance	l may red	eive will only be used for	
Student Signature:		Date:	Date:		
Parent Signature:		Date:			
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FINANCIAL AID OFFICE VERIFICATION					
Type of ID submitted: Received		/:		Date:	