

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

**A. Student Information (Please print clearly)**

Last Name	First Name	M.I.	ACC Student ID or Social Security Number
Address (include apartment number)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

**B. Family Information**

List the people in your contributors'/parents' family, and include:

- Yourself, the student (even if you do not live with a parent).
- Your contributors/parents listed on the FAFSA (including contributor's spouse, i.e., step-parent), even if the student does not live with a contributor/parent.
- Your contributors'/parents' other children if they live with parent or live apart due to a period of temporary absence (e.g., college enrollment) **and** the contributors/parents will **provide more than half** of their support from July 1, 2024 through June 30, 2025.
- Other people if they now live with the contributors/parents, **and the contributors/parents provide more than half** of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

Write the names, ages and relationship of ALL family members in the spaces below.

- In the last column, write in the full name of the college for any listed family/household member who will be attending college **at least half-time** between July 1, 2024 through June 30, 2025 and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship to the student	List College, if attending between 7/1/24 & 6/30/25
		Self	Alpena Community College

**Certification and Signature**

Each person signing below certifies that all of the information reported is complete and correct.

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

X Student Signature	Date
X Contributor/Parent 1 Signature	Date
X Contributor/Parent 2 Signature	Date