Office of Financial Aid and Veteran Services
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Champaign, IL 61821-1899
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2025-2026 Verification Worksheet
V4 - Dependent Student

Forms can be submitted by mail, fax (217/373-3807), or delivered in person.
To ensure your privacy, DO NOT submit forms through email.

_____ _____
Name Student's ID Number

To complete the Identity and Statement of Educational Purpose, please fill out either Section A or Section B (only one section needs to be completed to fulfil requirements).

A. Identity and Statement of Educational Purpose (Must Be Signed at the Institution)

The student **must appear in person** at Parkland College to verify their identity by presenting a valid, unexpired, government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, **in the presence of the institutional official**, the following statement:

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational
(Print Student Name)
Purpose, and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Parkland College for 2025-2026.

_____ _____
(Student's Signature) (Date)

B. Identity and Statement of Educational Purpose (Must Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Parkland College to verify their identity, the student must provide:
(a) A copy of the valid, unexpired, government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport; and
(b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational
(Print Student Name)
Purpose, and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Parkland College for 2025-2026.

_____ _____
(Student's Signature) (Date)

Notary's Certificate of Acknowledgement

State of Illinois
City/County of _____

On_____ (Date), before me, _____ (Notary's name), personally appeared, _____ (Printed name of signer), and proved to me on basis of satisfactory evidence of identification_____ (Type of government-issued photo ID) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

_____ _____
(Notary signature) (Date)

Illinois Residency Verification

The Illinois Student Assistance Commission (ISAC) requires students to verify Illinois residency.

For a dependent student to be considered an Illinois resident, his/her parent from the 2025-26 Free Application for Federal Student Aid (FAFSA) must physically reside in Illinois and Illinois must be his/her true, fixed, and permanent home.

You must submit a copy of one of the acceptable documents listed below.

- Parent's Illinois driver's license or Valid State of Illinois Identification Card **issued prior to 8/18/2024**
- Utility or rent bills in the parent's name **issued between 8/18/2023 and 8/18/2024**
- Illinois Auto Registration for the parent **issued between 8/18/2023 and 8/18/2024**
- Parent's Statement of benefits history from the Illinois Department of Healthcare and Family Services, Illinois Department of Employment Security, or Social Security Administration **issued between 8/18/2023 and 8/18/2024**
- Parent's residential lease **issued between 8/18/2023 and 8/18/2024**
- Parent's Illinois voter's registration card **issued between 8/18/2023 and 8/18/2024**
- Parent's property tax bill **issued between 8/18/2023 and 8/18/2024**

If documents cannot be provided, please check the box below:

☐ My parent is unable to provide any of the required documents to verify Illinois residency. I understand that checking this box will render me ineligible to receive the Illinois MAP Grant.

Certification and Signatures

I certify that all the information reported on this form is complete and correct. The student and one parent whose information was reported on the FAFSA must 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.

Handwritten signatures are required. Electronic signatures will not be accepted.

_____ _____

Student Signature Date

_____ _____

Parent Signature Date