

Financial Aid Office

711 E Boldt Way SPC 32

Appleton, WI 54911
PHONE: (920) 832-6583 | FAX: (920) 832-6582
financial.aid@lawrence.edu

2019-20 VERIFICATION FORM

STUDENT NAME		LAWRENCE ID OR DA	ATE OF BIRTH
Read the instructions on this form carefully. Failure to complete this form accurately may delay the processing of your financial aid.			
A. STUDENT'S FAMILY INFORMATION			
Verify the number of people reported on you	r FAFSA. If mo	ore space is needed, attach	a separate page.
1) List your Parent(s) you completed the FAFSA with. If your biological/adoptive parents are not married, your Custodial Parent for Federal Student Aid purposes is the parent you lived with more during the past 12 months. If you did not live with one parent more than the other, the parent who provided more financial support during the last 12 months is your Custodial Parent. If your Custodial Parent is remarried, include your step-parent.			
Name	AGE	RELATION TO S	TUDENT
2) Who else is included on your FAFSA? List y	our Sibling(s	and Others.	
List your sibling(s) who meet either of the following, ev	en if they do no	t live with the parent(s) list	ed above:
 If your sibling/step-sibling will receive more than half of his/her support between July 1, 2019 and June 30, 2020 from your parent(s) listed above, or If your sibling/step-sibling is required to provide parent data when completing the 2019-20 FAFSA. List Others if they live with your parent(s) listed above and will receive more than half of their financial support between July 1, 2019 and June 30, 2020 from your parent(s) listed above. 			
Name	AGE	RELATION TO S	STUDENT
3) Will any of the people listed above in Question 2 be enrolled in college for the 2019-20 academic year (7/1/2019-6/30/2020)? No Yes - Complete the section below.			
Name of Person	Name of College Enrolled A Least 1/2 TIME?		

B. STUDENT'S 2017 INCOME INFORMATION

1) Did you file a 2017 federal tax return?

Check the appropriate box below (YES or NO) and complete the corresponding section (Section 2 if "Yes" or Section 3 if "No").

\square YES - Complete this section if you filed a 2017 tax return.			
2) The income information reported on your 2019-20 FAFSA must be verified in one of the ways listed below. Please check the appropriate box.			
FAFSA IRS Data Retrieval		Signed Copy of 201	7 Tax Returnt
This option will likely be the fastest met Visit the following site for help: lawrence.edu/info/offices/financial-aid/apply/ve	Plea	Please make sure to sign your 2017 tax return. (Form 1040, 1040EZ, or 1040A)	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		☐ My signed 2017 federal tax return (IRS Form 1040EZ, 1040A, or 1040) is included with this form.	
Date IRS Data Retrieval used:			
□ NO - Complete this section	n if you di	d not file a 20	17 tax return.
3) Check the box that applies.			
☐I was not employed and had no income f	rom work in 20:	17.	
☐I was employed in 2017. Below is a list o	f my employer(s) and the exact amo	unt earned.
		rm(s) is required. along with this form.	
EMPLOYER'S NAME	DID YOU RECEIT A W-2 FORM?		AMOUNT REPORTED IN BOX 1 OF W-2 FORM
	☐ Yes	☐ No ☐ Yes	
	☐ Yes	☐ No ☐ Yes	
	☐ Yes	☐ No ☐ Yes	
	☐ Yes	☐ No ☐ Yes	
UNTAXED INCOME	DID YOU RECEI	VE	AMOUNT EARNED
ONTAXED INCOME	A W-2 FORM?	?	AMOUNT EARNED
	☐ No		
	□ No		

C. PARENT 2017 INCOME INFORMATION

1) Did you file a 2017 federal tax return?

Check the appropriate box below (YES or NO) and complete the corresponding section (Section 2 if "Yes" or Section 3 if "No").

 \square YES - Complete this section if you filed a 2017 tax return.

2) The income information reported on your 2019-20 FAFSA must be verified in one of the ways listed below. Please check the appropriate box.				
FAFSA IRS Data Retrieval		<u>s</u>	igned Copy of 2017	7 Tax Returnt
This option will likely be the fastest met Visit the following site for help: www.lawrence.edu/mm/3074	thod.	Please	make sure to sign yo (Form 1040, 1040E2	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $. —	gned 2017 federal ta 1040A, or 1040) is i	x return (IRS Form ncluded with this form.
Date IRS Data Retrieval used:				
□ NO – Complete this section	n if yo	ou did	not file a 201	7 tax return.
3) Check the box that applies.				
☐I was not employed and had no income f	rom work	in 2017.		
☐I was employed in 2017. Below is a list o	☐I was employed in 2017. Below is a list of my employer(s) and the exact amount earned.			
A copy of your 2017 W-2 Form(s) is required. Please submit your W-2 Form(s) along with this form.				
EMPLOYER'S NAME		RECEIVE FORM?	COPY OF W-2 FORM ATTACHED?	AMOUNT REPORTED IN BOX 1 OF W-2 FORM
	☐ Yes		☐ No ☐ Yes	
	☐ Yes		☐ No ☐ Yes	
	☐ Yes		☐ No ☐ Yes	
	☐ Yes		☐ No ☐ Yes	
	חוסע מזל	RECEIVE		_
UNTAXED INCOME		FORM?		AMOUNT EARNED
	☐ No			
	☐ No			

D.CERTIFICATION AND SIGNATURES

PARENT'S SIGNATURE

DICERTIFICATION AND STONATOR	-5	
By signing this form, we certify that all informa Both student and parent signature are requi	• • • • • • • • • • • • • • • • • • • •	correct.
STUDENT'S SIGNATURE	DATE	

Return completed form to the Lawrence University Financial Aid Office.

DATE

Secure Upload	Mail	Fax
lawrence.leapfile.net	Financial Aid Office Lawrence University 711 E Boldt Way SPC 32 Appleton, WI 54911	920-832-6582