

Student Signature

A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Office of Financial Aid and Scholarships

3300 Century Avenue North White Bear Lake, MN 55110

Phone: 651-779-3305 Fax: 651-779-5816 E-mail: finaid@century.edu

Date

2023-24 Parent Non-Tax Filer Verification Worksheet

Parent

Your FAFSA application was selected by the U.S. Dept. of Education for review in a process called "verification." In this process we are required by federal law (34 CFR, Part 668) to compare the information from your FAFSA application with the information provided on this form. If there are differences between your application information and your verification documents, we may need to correct your FAFSA information. We cannot process your financial aid until verification has been completed. Please provide the required documents as soon as possible.

Last Name	First Name	M.I.		Student ID Number or Star I	D
Email Address		Phone Number (include area code)			
A. 2021 Parent Inc	ddress ome Information		City	State	Zip Code
	ertifications below apply to and are not required to file				s section if the
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	phies.				
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Date

Parent Signature