STATE COLLEGE OF FLORIDA
MANATEE-SARASOTA

2026-2027
Identity, Purpose, and Family Size Verification Worksheet

INV527

PLEASE DO NOT LEAVE ANY LINE BLANK.

Incomplete forms will not be processed.

A. Student Information

_____ G00_____

Last Name First Name M.I. Student ID #

_____ _____

Mailing Address (Including City, State, and Zip) Phone

B. Student Family Information

Family size includes the following:

- The student.
- The student's parents (or stepparent, if applicable), even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if all of the following are true:
  - They live with the student's parents (or live apart because of college enrollment);
  - They receive more than half of their support from the student's parents; and
  - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
  - They live with the student's parents;
  - They receive more than half of their support from the student's parents; and
  - They will continue to receive more than half their support from the student's parents during the award year.

The provided criteria for "dependent children" or "other persons" mirror the requirement that family size align with those the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, the parent should not include any unborn children in the family size.

If more space is needed, provide a separate page with the student's name and ID number at the top.

c.

Full Name	Age	Relationship	College Enter Post-Secondary Institution if household member is attending (Do not include parents)	Enrolled at least half-time?
		Self	*State College of Florida*	Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

C. Confirmation of Student Identity

You **must appear in person** at State College of Florida to verify your identity by presenting a valid 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 your photo ID, annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID. For students **unable** to appear in person, please have a notary help complete Section D or contact the SCF Financial Aid Office to arrange a video call.

☐ **Copy of driver's license**

☐ **Copy of US Passport**

☐ **Other official government-issued ID**

For Office Use Only:

_____
FA Counselor Initials

_____
Date Received

D. Certification

Each person signing this worksheet certifies that all the information reported on it is complete and correct. The student must sign (**in person or notarize the document**) and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.

_____ _____
Print Student's Name Student's ID Number

_____ _____
Student's Signature (Required) Date

Check the box that applies below:

- ☐ The student appeared in person and presented acceptable identification to an institutionally authorized individual.
- ☐ The student was verified by a service provider that is compliant with National Institute of Standards and Technology Identity Assurance Level 2 (NIST IAL2). The institution received acceptable documentation directly from the service provider confirming the date of the verification and that the student's identity was verified under the NIST IAL2 standard.
- ☐ The student was unable to appear in-person and provided the institution with a copy of the acceptable identification presented to a notary and a signed notary statement.
- ☐ The student was unable to appear in-person and appeared on a video call with institutional personnel and presented the acceptable identification to an institutionally authorized individual.
- ☐ The student is a confined or incarcerated individual and was verified by an authorized official at the correctional facility where the individual is confined or incarcerated.

E. Notary

THIS DOCUMENT MUST BE NOTARIZED UNLESS YOU HAVE COMPLETED SECTION D IN THE OFFICE OF FINANCIAL AID SERVICES. PLEASE ATTACH A COPY OF THE IDENTIFICATION VIEWED. (front and back)

State of _____

City/County of _____

On _____, before me, _____
(Date) (Notary's name)

Personally appeared, _____, and proved to me on basis of
(Printed name of signer)

satisfactory evidence of identification _____ to be the above-named
(Type of government-issued photo ID provided)

person who signed the foregoing instrument.

WITNESS my hand and official seal

_____
(Notary Signature)

My commission expires on _____
(Date)