Independent Student Family Verification Worksheet 2025-2026



Student's Name:		HC ID# or last 4# of SSN:		
We have received your 2025-2026 F "Verification". Hastings College is re correction made based on this docur	quired by federal regulation	to collect information to verify	that the FAFSA is ac	curate. Any
 They receive more than They will continue to re Other persons if the following They live with the stude They receive more than 	v: plicable plicable plidren if the following are true ant (or live apart because of a half of their support from to ceive more than half their so ag are true: and half of their support from to and half of their support from to	f college enrollment) he student, and upport from the student during	•	
Full Name	Date of Birth	Relationship to Student (check appropriate choice)	College Name City and State	Will be enrolled at least half time in 2025-2026
		Self	Hastings College Hastings, NE	Yes
		Spouse	<i>J</i> ,	
		Child		
		Child		
		Other		
		Child		
		Other		
		Child		
		Other		
Please list add	itional family members on t	he back of this form including a	all information require	d.
*Marital Status Change: If you are completing your 2023 joint tax retur				
I certify that all of the information rep understand if I purposely give false o	orted to qualify for Federal/ r misleading information, I i	State student aid is complete a may be fined, sent to prison or	and correct. My signa both.	ature indicates I
*All signatures must be physical sign	atures, digital and typed siç	gnatures will not be accepted.		
Student Signature		Date	Phone number	