

**Verification Worksheet #1 2018-2019**

Your 2018–19 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding federal student aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected.

You must complete and sign this worksheet, attach any required documents, and fax or mail them to the Office of Online Financial Aid. You may be asked to provide additional information. If you have questions about verification, contact our office so that your financial aid will not be delayed.

**Return this form to Online Financial Aid via: Fax 203-582-4512 or mail, attn. Online Financial Aid, OF-QUO.**

**Section 1 – Student Information**

\_\_\_\_\_  
Student’s Last Name                      Student’s First Name                      Student’s M.I.                      Student’s QU ID#

\_\_\_\_\_  
Student’s Date of Birth                      Student’s Phone Number

\_\_\_\_\_  
Student’s Street Address

\_\_\_\_\_  
City                      State                      Zip Code                      Student’s Email

**Section 2 – Household Information** - List below the people in your household which you are **providing MORE THAN ½ of their SUPPORT**. Include:

- Yourself
- The student’s parent(s) (including stepparent.)
- Your parents’ other children if your parent(s) will provide more than half of the support from July 1, 2018 – June 30, 2019, or if the other children would be required to provide parental information is they were completing a FAFSA for 2018/2019. Include children who meet either of these standards even if the children do not live with your parent(s).
- Other people if they now live your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.
- If applicable, include the college or university name for any household member, excluding parents, who will be enrolled at least half time in a degree program at an eligible postsecondary institution any time between July 1, 2018 through June 30, 2019.

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

Full Name	Age	Relationship	College	Will be Enrolled at Least Part-Time (Yes or No)
		<i>Self</i>		

**Certification and Signature(s)**

Each person signing below certifies that all of the information reported is complete and correct.

\_\_\_\_\_  
Student’s Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature (Required)

\_\_\_\_\_  
Date

**WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.**