

2025 - 2026 Independent Verification Worksheet 5

Student's Last Name

Student's First Name

UOG ID Number

Program of Study

STUDENT'S FAMILY INFORMATION

Carefully read the following instructions, and in the table below (use back of form if needed), report:

- Yourself,
- Your spouse, if now married.
- Your children, if you will provide **more than half** of their support from July 1, 2025 through June 30, 2026 or if the other children would be required to provide your information if they were completing a FAFSA for 2025-2026.
- Other people only if they now live with you and you will provide **more than half** of their support from July 1, 2025 through June 30, 2026.
- Provide college information for those students attending at least half-time during 2025-2026 in a program leading to a degree, diploma, or certificate.

	Last Name, First Name	Age	Relationship to Student	College or University
Student			Self	University of Guam
Spouse			Spouse	
Children and others				

STUDENT AND SPOUSE TAX INFORMATION

Student:

- ☐ I filed a 2023 Tax Return and used the FUTURE Act Direct Data Exchange on the FAFSA or attached a signed 2023 federal tax form and W2 to this worksheet.
- ☐ I have not filed a Federal Income Tax Return and am not required to do so. I have attached the Non-Tax Filers Statement to this worksheet.

Spouse:

- ☐ My spouse has filed a 2023 Tax Return and used the FUTURE Act Direct Data Exchange on the FAFSA or attached a signed 2023 federal tax form and W2 to this worksheet.
- ☐ My spouse has not filed a Federal Income Tax Return and am not required to do so. I have attached the Non-Tax Filers Statement to this worksheet.

Student Signature

Date

Spouse's Signature

Date

Return completed form with the original signature via mail or in-person (must show photo ID if bringing in-person). **DO NOT FAX or EMAIL.**

2025 - 2026 Verification Worksheet 5_____
Student's Last Name_____
Student's First Name_____
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The **student must appear in person** at the University of Guam Financial Aid Office to verify his or her identity by presenting an unexpired 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 the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.**

If the institution determines the student is unable to appear in person, the student can have the options of appearing in a video call to present an unexpired valid government-issued photo ID, or have page 4 of this form notarized to verify identification at their expense. Do NOT complete page 3.

AUTHORIZED FAO STAFF ACKNOWLEDGEMENT

I, _____, verified identity of student, _____, is the
(Authorized FAO Personnel) (Student Name)

individual who appeared before me, and presented the following form of identification as proof of their identity:

- Driver's License or Government Identification
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Other: _____

Document Expiration Date: _____

STUDENT: If appearing in person, do **NOT** sign page 2 until after an authorized FAO staff verifies your identity.

Student Signature_____
UOG ID Number_____
Date

Return completed form with the original signature via mail or in-person (must show photo ID if bringing in-person). **DO NOT FAX or EMAIL.**



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AUTHORIZED VIRTUAL CALL

I, _____, verified identity of student, _____, is the
(Authorized FAO Personnel) (Student Name)

individual who appeared before me, and presented the following form of identification as proof of their identity:

- Driver's License or Government Identification
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Other: _____

Document Expiration Date: _____

VIRTUAL SCREENSHOTS

FRONT:

BACK:

Staff Signature

Date

Return completed form with the original signature via mail or in-person (must show photo ID if bringing in-person). **DO NOT FAX or EMAIL.**

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

Mailing Address: 303 University Drive Mangilao, Guam 96923-9000
Contact: 671-588-1484/5 or 735-2287/8

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NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

If the student is unable to appear in person at the University of Guam Financial Aid Office to verify his or her identity, the student must notarize page 03 of this form and submit the original copy to the Financial Aid Office. Electronic copies are not permitted.

State of _____

City/Country of _____

On _____, before me, _____,

(Date)

(Notary's name)

personally appeared, _____, and proved to me on the basis of satisfactory evi-

(Print name of signer)

dence of identification _____ to be the above-named person who signed the

(Type of unexpired government-issued photo ID provided)

foregoing instrument.

WITNESS my hand and official seal _____ My commission expires on _____.

(Notary's signature)

(Date)

I certify that all the information reported on this worksheet is complete and correct.

Student Signature

Date

Return completed form with the original signature via mail or in-person (must show photo ID if bringing in-person). **DO NOT FAX or EMAIL.**

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