

2026-2027
VERIFICATION STATUS 4
INDEPENDENT WORKSHEET

Student's Information

First Name _____ M.I. _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Primary Phone # _____ Secondary Phone # _____

Personal Email _____ Date of Birth _____ Student ID Number _____

Number of Household Members and Number in College

List below the people in the **student's household**. Include:

- The student.
- The student's spouse if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from **July 1, 2026**, through **June 30, 2027**, even if a child does not live with the student.
- Other people, if they now live with the student and the student or spouse, provides more than half of the other person's support, and will continue to provide more than half of that person's support through **June 30, 2027**.

Include in the space below information about any household member, who is, or will be, enrolled **at least half time** in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between **July 1, 2026**, and **June 30, 2027**, and include the name of the college.

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

Student Name: _____ Student ID #: _____

Full Name:	Age:	Relationship:	College:	Will Be Enrolled at Least Half Time
_____	_____	<i>Self</i>	<i>Del Mar College</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:	Age:	Relationship:	College:	Will Be Enrolled at Least Half Time
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:	Age:	Relationship:	College:	Will Be Enrolled at Least Half Time
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:	Age:	Relationship:	College:	Will Be Enrolled at Least Half Time
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:	Age:	Relationship:	College:	Will Be Enrolled at Least Half Time
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:	Age:	Relationship:	College:	Will Be Enrolled at Least Half Time
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student Name: _____ Student ID #: _____

Certifications and Signatures

Each person signing below certifies that all the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

Student's Signature (Required) _____

Date _____

Parent's Signature (Required) _____

Date _____

Del Mar College
Financial Aid Services
Email: financialaid@delmar.edu
<http://www.delmar.edu>

Heritage (East) Campus:
Harvin Center – Rm 263
Phone: (361) 698-1293
Fax: (361) 698-2017

West Campus:
Coleman Center – Rm 140
Phone: (361) 698-1726
Fax: (361) 698-269



DEL MAR COLLEGE

FINANCIAL AID SERVICES

2026-2027

Identification Verification

Full Name: _____ Student ID: _____ Date of Birth: _____

STEP 1: Select only ONE option:

Option 1: In-Person at DMC

I will appear in person at DMC with a valid, unexpired government-issued photo ID (such as driver's license or passport). A college official will review and retain a copy of my ID.

Option 2: Identity Verification via Notary

I am unable to appear in person I will submit:

A copy of my unexpired, government-issued photo ID, and this completed form with the Notary's Certificate of Acknowledgement below:

STEP 2: Notary use only (Required only if option 2 is selected)

Notary's Certificate of Acknowledgement:

State of _____ City/County of _____

On _____, before me, _____,

(Date) (Notary's Printed Name)

Personally appeared _____ and proved to me because of

(Printed name of signer)

satisfactory evidence of identification _____ to be the above-

(Type of unexpired government-issued photo ID)

named person

(Seal) _____
(Notary Signature)

My commission expires:

NOTARY INSTRUCTIONS

Submit the original signed and notarized form including the front and back copy of the unexpired government-issued photo ID by mail to: Del Mar College Financial Aid Office 101 Baldwin Blvd Corpus Christi, TX 78404

Internal Verification

Check DOB with School _____ DOB on ID _____ DOB on FAFSA _____

Financial Aid Authorized Signature: _____ Date: _____