

Verification Opt-Out Form

Office of Financial Aid

E finaid@findlay.edu P 419-434-4791

1000 N Main St, Findlay, OH 45840-3653

Nam	ne: Student ID #:
UF E	-mail: D.O.B.:
Veri stud	ible students who <i>only</i> want to receive University of Findlay merit scholarships, do not have to complete the Federal ification process. If you have been selected for verification but do not want to receive Federal Financial Aid <i>including dent loans</i> , you are not required to submit a Verification Worksheet or federal tax information.
	I do not plan to complete verification for the current academic year. I understand that I will not be eligible for any federal or state aid, including student loans.
	I do plan to complete verification for the current academic year, on approximately (date). I understand that will not be eligible for federal or state aid until I complete verification.
Plea	ase initial each statement below acknowledging your understanding:
	I understand that no federal financial aid funding will be awarded to my student account.
	I understand that no state funding will be awarded to my student account.
	I understand that some scholarships may be impacted by my decision.
	I am fully responsible for paying my statement balance which can be viewed in Workday on my Finance worklet.
	I have the right within the current award year to change my mind and complete the verification process.
l cer	rtify that by signing below I was counseled regarding the verification and financial aid processes.
 Stude	ent's Signature Date