

## 2024-2025 Verification Worksheet | V5

Student Name: \_\_\_\_\_

Heidelberg OASIS ID: \_\_\_\_\_

Parent Contact Information (if dependent):

Phone \_\_\_\_\_

Email: \_\_\_\_\_

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To verify contact information ,



STEP j: Signatures

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. (If dependent, at least one parent must sign.) WARNING: if you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RETURN TO: # & " TO:!

Office of Financial Aid  
Heidelberg University  
310 E Market St. Tiffin,  
OH 44883

(T) 419.448.2293

(F) 419.448.2473