

Financial Aid Office 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

Name:/	
Last First	
ID#:	Date:/
Our office is currently processing your financial aid applied the following additional information to determine eligibility	
□ Verification Process □ Professional Judgment □ Verif	ication of Independence
Complete the enclosed 2018 - 2019 Verification Work	sheet.
A copy of your parents' 2016 <b>FEDERAL TAX RETURN TRANSCRIPT</b> . Go to <a href="www.FAFSA.ed.gov">www.FAFSA.ed.gov</a> and select "Get My Tax Records". <b>DO NOT</b> send copies of you tax returns.	
Copy of your parents' 2016 W-2(s).	
A copy of your (and your spouse's, if applicable) 2016 <b>FEDERAL TAX RETURN TRANSCRIPTS</b> . Go t <a href="https://www.FAFSA.ed.gov">www.FAFSA.ed.gov</a> and use the Data Retrieval Tool or <a href="https://www.irs.gov">www.irs.gov</a> and select "Get My Tax Records". <b>DO</b> NOT send copies of your tax returns.	
Copies of your (and your spouse's if applicable) 2016 V	V-2(s).
You/your parent(s) have stated that you did not file taronce you receive it from the IRS. ( <a href="www.irs.gov">www.irs.gov</a> )	xes. File an IRS Form 4506-T, and provide transcrip
Please fill out the enclosed <b>Request for Independe</b> documentation.	ence Consideration worksheet and provide required
Exemptions appearing on 2016 parental tax transcript de Verification Worksheet. Please explain in a written state	· · · · · · · · · · · · · · · · · · ·
Please provide a notarized and completed copy of the at	tached <b>Statement of Educational Purposes</b> form.
Provide documentation indicating the student's high sch 2019 school year (i.e. high school diploma/transcript, G	
Complete the enclosed 2018 - 2019 Special Circumsta	nce Form
Other	

Revised: 11/2017