



FOR OFFICE USE ONLY
Correction Date & #
Initials:
New SAI:

2026-2027 Aggregate Verification (V5)

Your **FAFSA** was selected for **verification**. Federal law requires us to confirm the accuracy of your FAFSA before awarding federal student aid. We will compare this form with your financial documents. If anything needs to be corrected, we will update your FAFSA. You may be asked for additional documentation. Please do NOT use white-out on this form. **This form must be submitted in person.** If you live outside Hidalgo or Starr County, or out of state and are unable to submit the form in person, you must have it *notarized and mail it back to South Texas College*. Please review the Notarizing Instructions included on this form. For assistance call us at 956-872-8375 or email finaid@southtexascollege.edu. **Please note we cannot accept forms that are uploaded, faxed or emailed.**

Student Information

STC ID:		SSN: XXX-XX-	
Last Name:	First Name:	MI:	DOB:
Phone:	Email:	@stu.southtexascollege.edu	

Household Information

Dependent Students: List all household members who receive more than half of their support from your parents between July 1, 2026 and June 30, 2027.

- **Yourself** (the student)
- **Your parents**, including **step-parent** (if applicable)
- **Your siblings** (even if living apart due to college, as long as they still receive more than half of their support from your parents)
- **Other individuals** who live with your parents and receive more than half of their support from them
- **Please do not include unborn children**

Independent Students: List all household members who receive more than half of their support from you between July 1, 2026 and June 30, 2027.

- **Yourself** (the student)
- **Your spouse** (if married)
- **Your children** (even if living apart due to college, as long as they still receive more than half of their support from you)
- **Other individuals** who live with you and receive more than half of their support from you
- **Please do not include unborn children**

Full Name	Age	Relationship to Student
		SELF

(Attach an additional page if needed.)

STC ID: _____ NAME: _____

Tax & Income Information – Check the box that applies to you.

Dependent Students (Student and Parent Information)

- I did not work and had no income in 2024.
- I did not file taxes but had earnings. (Attach STC Non-Filing Statement and W-2s)
- I filed a 2024 Tax Return. (Consent required for IRS data sharing)
- I cannot access my tax return. (Attach IRS Tax Return Transcript or signed tax return)

Parent(s) Tax Information

- My parent(s) did not work or have income in 2024.
- My parent (s) did not file taxes but had earnings. (Attach STC Non-Filing Statement and W-2s)
- My parent(s) filed a 2024 Tax Return. (Consent required for IRS data sharing)
- My parent(s) cannot access their tax return. (Attach IRS Tax Return Transcript or signed tax return)

Independent Students & Spouse (if married)

- I/my spouse did not work or have income in 2024.
- I/my spouse did not file taxes but had earnings. (Attach STC Non-Filing Statement and W-2s)
- I/my spouse filed a 2024 Tax Return. (Consent required for IRS data sharing)
- I/my spouse cannot access tax returns. (Attach IRS Tax Return Transcript or signed tax return)

2024 Untaxed Income (enter "0" if not applicable)

Source	Student/Spouse Amount	Parent Amount
Tax Exempt Interest Income	\$	\$
Untaxed Portions of IRA Distributions	\$	\$
Untaxed Portions of Pensions	\$	\$
IRA Deductions and Payments	\$	\$
Education Tax Credit	\$	\$
Foreign Income Exemption from Federal Taxation	\$	\$

STC ID: _____ NAME: _____

Student Financial Services Department Use Only

The Institutional Authorized Individual who (1) verified and collected the student's original and valid government issued ID, (2) made a photocopy of the ID **must** stamp here and provide his/her name or initials.

_____ The student appeared in person and presented acceptable identification to an institutionally authorized individual.

_____ The student was unable to appear in person and provided the institution with a copy of the acceptable identification presented to a notary and a signed notary statement.

CERTIFICATION and HAND WRITTEN SIGNATURES – Signatures cannot be typed.

By signing below, I certify that all information provided is **complete and correct**.

⚠ **Warning:** If you purposely provide false or misleading information, you may be fined, imprisoned, or both.

Student Signature: _____ **Date:** _____

Parent Signature (if dependent): _____ **Date:** _____

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excludes participation, denies benefits, or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination.

Revised 3-11-26 SFS



Student Financial Services – South Texas College

📍 3201 W. Pecan Blvd. McAllen, TX 78501 | 📞 956.872.8375 | 📠 956.872.6461

2026-2027 Identity Verification

NOTARY INSTRUCTIONS: If you reside outside Hidalgo or Starr County, or out of state, you must have this form **notarized and mailed back to South Texas College**. Please make sure to complete and sign this form and also submit a copy of your valid, unexpired ID (like a driver's license). Only the **Identity Verification Form** needs to be notarized. Please mail the form and unexpired ID to:

South Texas College
Student Financial Services
P.O. Box 9701
McAllen, Texas 78502-9701

Student Information

STC ID:	SSN: XXX-XX-	Last Name:	First Name:	MI
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IDENTITY VERIFICATION To be Signed in the Presence of a Notary

If the student is unable to appear in person at **South Texas College** to verify his or her identity, the student must provide to the institution: (Name of Postsecondary Educational Institution)

(A) A copy of the unexpired valid government-issued photo identification (ID), that is acknowledged in the notary statement below, or that is presented to the notary, such as, but not limited to, a driver's license, other state-issued ID, or passport.

Notary's Certificate of Acknowledgement

State of _____ City/County of _____ on _____,
(Date)

before me, _____ personally appeared _____,
(Notary's name) (Printed name of signer)

and proved to me because of satisfactory evidence of identification _____
to be the above-named person (Type of unexpired government-issued photo ID provided)

WITNESS my hand and official seal _____
(seal) (Notary signature)

My commission expires on _____
(Date)