



FINANCIAL AID OFFICE
518 W. Locust Street ■ Davenport, Iowa 52803
563/333-5775 ■ fax 563/333-5818

Return this completed form to
St. Ambrose University, Financial Aid Office
518 W. Locust Street, Davenport, IA 52803

Your FAFSA has been selected for a process called verification. In order to finalize your financial aid package, please provide us the following information within 30 days.

Student Information

Name _____ SAU student ID# _____ please print
Address _____
Date of birth _____ Daytime phone (include area code) _____

2022 Untaxed Income (calendar year 2022)

Please complete this form to help clarify a conflict regarding information you reported or left blank on the Free Application for Federal Student Aid (FAFSA). The U. S. Department of Education requires the resolution of conflicting information; therefore, complete this worksheet and attach all supporting documentation.

Table with 3 columns: Description, Student, Spouse. Rows include IRA deductions, tax exempt interest, untaxed portions of IRA distributions, pensions & annuities, Foreign Earned Income Exclusion, and Total Untaxed Income for 2022.

I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above.

Certification

By signing this form, I (we) certify that all the information reported is complete and correct. If you are dependent, your parent must sign. Return the form to the St. Ambrose University Financial Aid Office.

Student signature: _____

Date: _____