

Unable to Obtain 2024 W-2 Information

Your Free Application for Federal Student Aid (FAFSA) has been selected for review in a federal process called **verification**. We are required by law to compare your FAFSA with the information provided on this form and any other documents requested by Student Financial Services. If there are differences, corrections to your FAFSA may be required.

Section A: Student Information

Last Name: _____ First Name: _____ NU Student ID: _____

Section B: Student Tax Information

Student <i>(check the box that applies)</i>	Instructions
<input type="checkbox"/> I attempted in good faith to obtain a copy of my 2024 W-2(s) but was unable to do so.	We will need your signature below certifying that information.
<input type="checkbox"/> My employer was not required to provide me a W-2(s) for 2024.	We will need your signature below certifying that information.

Employer's Name	W-2 or 1099 Attached	2024 Amount Earned
<i>Example: McDonald's</i>	<i>Yes</i>	<i>\$4,500</i>

Section C: Parent/ Spouse Tax Information

Parent <i>(check the box that applies)</i>	Instructions
<input type="checkbox"/> I attempted in good faith to obtain a copy of my 2024 W-2(s) but was unable to do so.	We will need your signature below certifying that information.
<input type="checkbox"/> My employer was not required to provide me a W-2(s) for 2024.	We will need your signature below certifying that information.

Employer's Name	Parent/Spouse	W-2 or 1099 Attached	2024 Amount Earned
<i>Example: McDonald's</i>	<i>Parent</i>	<i>Yes</i>	<i>\$4,500</i>

Section D: Signature(s)

By signing below, I (we) certify that all information reported on this worksheet is complete and correct (only one parent whose information is provided must sign). **All verification documents must be submitted to Student Financial Services 14 days prior to the student's last day of attendance. If not received by this deadline, all financial aid will be forfeited.**

_____/_____
 Student Signature *(required)* Date Parent Signature *(required for dependent students)* Date

****Typed or stamped signatures are not valid. Signatures must be done by hand. Return this form to Student Financial Services****