A. Independent Student's Information

Kankakee Community College

2024-2025 Custom Verification

Independent Student

OFFICE OF FINANCIAL AID
100 College Drive • Kankakee, IL 60901-6505 • 815-802-8550 • FAX: 815-802-8551

ID	
RD_	

Your 2024-2025 FAFSA was selected for a process called verification. As required by law, the Office of Financial Aid will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences between your FAFSA and the information provided, we may make corrections.

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (inc	clude apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Phone Number (include area code)			Student's Alternate Phone Number
B. Information to Be Ve	erified		
Please stop by our off to sign a Statement of	fice with a valid state photo II f Educational Purpose. Until		
 Please stop by our off to sign a Statement of Certification and Signal 	fice with a valid state photo II f Educational Purpose. Until gnatures	these steps are cor	e. We will make a copy of your ID and ask mplete, your financial aid will not be finalize
 Please stop by our off to sign a Statement of Certification and Signal 	fice with a valid state photo II f Educational Purpose. Until matures worksheet certifies all of the	these steps are cor	mplete, your financial aid will not be finalize