Cleveland Clinic
School of Health Professions

Standard Verification Worksheet (V5)
2026-2027

This information is required by the US Department of Education. Incomplete or incorrectly completed forms will be returned and delay the completion of your award.

Student Information

Name: _____ **SIS ID Number:** _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____ **Date of Birth:** _____

Household Listing

If you are a Dependent Student: List all of the people in the parents' household.

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2026, through June 30, 2027.
- Other people, if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2027.

If you are an Independent Student: List all of the people in the student's household.

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2026, through June 30, 2027.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2027.

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Full Name	Age	Relationship to Student

The provided criteria for “dependent children” or “other persons” are to satisfy the requirement that family size demonstrate the whom the student could claim as a dependent on a U.S. tax return. The student should not include any unborn children in the family size.

Student Income Verification

I filed taxes in 2024

The student and/or spouse (if married) has used the IRS DRT in FAFSA on the Web to transfer 2024 IRS income tax return information into the student’s FAFSA.

The student and/or spouse (if married) has not yet used the IRS DRT, but will use the tool to transfer 2024 IRS income tax return information into the student’s FAFSA.

The student and/or spouse (if married) is unable or chooses not to use the IRS DRT and instead will provide the school with a 2024 IRS Tax Return Transcript(s).

I did not files taxes in 2024

The student and/or spouse (if married) were not employed and had no income earned from work in 2024.

The student and/or spouse (if married) were employed in 2024 and have listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form or an equivalent document is provided.

Employer’s Name	Annual Amount Earned in 2024	IRS W-2 Provided (Yes/No)
Total Amount of Income Earned from Work:		

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Independent Students Only:
Non-Tax Filers are required to provide an IRS Verification of Non-Filing Letter. IRS Verification of Non-Filing Letters can be requested by completing IRS Form 4506-T, this form can be found online at: https://www.irs.gov/forms-pubs/about-form-4506-t.

Initial here:

By signing this form, I certify that I have attempted to obtain the verification of non-filing letter from the IRS or other tax authorities and was unable to obtain the required documentation.

I will provide documentation showing I have attempted to obtain IRS Verification of Non-Filing Letter from the IRS or other authorities.

How to order IRS tax return transcripts, if required

Get Transcript by Mail – Go to www.irs.gov, click "Get Your Tax Record." Click "Get Transcript by Mail." Make sure to request the "Return Transcript" and ***NOT*** the "Account Transcript." The transcript is generally received within 10 business days from the IRS's receipt of the request.

Get Transcript Online – Go to www.irs.gov, click "Get Your Tax Record." Click "Get Transcript Online." Make sure to request the "Return Transcript" and ***NOT*** the "Account Transcript." To use the Get Transcript Online tool, the user must have (1) access to a valid email address, (2) a text-enabled mobile phone (pay-as-you-go plans cannot be used) in the user's name, and (3) specific financial account numbers. The transcript displays online upon successful completion of the IRS's two-step authentication.

Parent Income Verification

The parent filed taxes in 2024.

The parent(s) have used the IRS DRT in FAFSA on the Web to transfer 2024 IRS income tax return information into the student's FAFSA.

The parent(s) have not yet used the IRS DRT in FAFSA on the Web, but will use the tool to transfer 2024 IRS income tax return information into the student's FAFSA.

The parent(s) are unable or choose not to use the IRS DRT in FAFSA on the Web, and instead will provide the school with 2024 IRS Tax Return Transcript(s).

The parent did NOT file taxes in 2024.

Neither parent was employed, and neither had income earned from work in 2024.

One or both parents were employed in 2024 and have listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form or an equivalent document is provided.

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Employer's Name	Annual Amount Earned in 2024	IRS W-2 Provided (Yes/No)
Total Amount of Income Earned from Work:		

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Identity and Statement of Educational Purpose
This portion of the form cannot be signed or faxed.

(To Be Signed at Cleveland Clinic School of Health Professions)

The student must appear in person at Cleveland Clinic's School of Health Professions to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The school will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID. In addition, the student must sign, in the presence of a school official, the Statement of Educational Purpose provided below.

Attention:
If you are unable to appear in person at Cleveland Clinic's School of Health Professions, please see the next page.

Statement of Educational Purpose

I certify that I _____ am the individual signing
(Print Student's Name)

this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cleveland Clinic's School of Health Professions for the 2026–2027 year.

_____ _____
Student's Signature Date

_____
SIS ID Number

_____ _____
School Official Signature Date

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Identification and Statement of Educational Purpose
This portion of the form cannot be scanned or faxed.

(To Be Signed by Notary)

If the student is unable to appear in person at SOHP to verify his or her identity, the student must provide to the institution:

1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; **AND**
2. The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that _____ am the individual signing
(Print Student's Name)

this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cleveland Clinic's School of Health Professions for the 2026–2027 year.

_____ _____
Student's Signature Date

_____

SIS ID Number

Notary's Certificate of Acknowledgement

State of _____
City/County of _____
On _____, before me,_____
(Date) (Notary's Name)
personally appeared,_____ , and proved to me
(Printed Name of Signer)
on the basis of satisfactory evidence of identification _____
(Type of Gov't-Issued ID)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

_____
(Notary Signature)

My commission expires on: _____

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Certification Statement

By signing below, I certify that:

- If I withdraw from the program, I understand that my aid may be REDUCED or CANCELED, and I may be responsible for repaying any federal funds.
- I understand that my aid will be disbursed based on my enrollment status and may be different from my award letter.
- I understand and will use any federal funds received under the Title IV financial aid programs or Federal Student Loans this award year solely for expenses related to my attendance at Cleveland Clinic's School of Health Professions.
- I understand that to be eligible for and to receive Federal Student Aid, I must be in an approved program at Cleveland Clinic's School of Health Professions.
- I have read and will comply with the information included in the school catalog.

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA **must** sign and date.

Print Name: _____ SIS ID Number: _____

Student Signature: _____ Date: _____

Signature of Parent (dependent students only): _____ Date: _____

Signature of Spouse (independent students only): _____ Date: _____