ACTIVE BANKRUPTCY			BANKR-24
The federal government requires of provided on your Free Application called verification. Students are recoffice of Financial Aid can establis information requested on this form aid. Please return this completed for	for Federal Student quired to complete the h eligibility for assist or you will not be co	Aid ( <u>FAFSA</u> ). This process is ne verification process before the ance. You must provide the onsidered for federal financial	
Office of Financial Aid, Idaho Sta 921 S 8 <sup>th</sup> Ave, Stop 8077, Pocate Phone: (208)282-2756 Fa Scan and Upload: isu.edu/financ	llo, ID 83209-8077 ax: (208)282-4755	eum Building, Third Floor Email: <u>financialaid@isu.edu</u>	<u>I</u>
*Student Name:(Use blue or black ink)	Last	First	M.I.
*ISU ID:	on BengalWeb)	*Last 4 Digits of Social Security	y #:*Required
CERTIFICATION: The person signing WARNING: If you purposely give false or a Student Signature:	misleading information,	you may be fined, sent to prison, or  Date:	
(v. 10/25/2022)	Typed si	gnature not accepted	(S:\24_Forms\formBANKR.wpd)