



# DIPLOMA TYPE VERIFICATION FORM FOR STATE FINANCIAL AID

State Form 52021 (R13 / 11-16)  
INDIANA COMMISSION FOR HIGHER EDUCATION

- INSTRUCTIONS:**
1. Parents should keep a copy of this form.
  2. For more information about State Award Programs, visit the Commission for Higher Education (CHE) website: <http://www.in.gov/che>.

\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-2 and 4-1-8-3. Disclosure is mandatory and this record cannot be processed without it. **Failure to disclose the student's Social Security Number will prevent the student from being considered for additional need-based funds.**

Students who file the Free Application for Federal Student Aid (FAFSA) by the Commission for Higher Education's (Commission) March 10<sup>th</sup> receipt date deadline and qualify for the Commission's need-based Frank O'Bannon Award may receive an additional financial aid incentive. In order to qualify, the student must earn the Core 40 with Technical Honors (TH) or Academic Honors Diploma (AH) from an Indiana Department of Education accredited high school.

In addition to filing the FAFSA by the March 10<sup>th</sup> receipt date deadline, completion of this verification form may be required by your child's high school to collect and release the necessary diploma information to the Commission and the colleges and universities to which he or she has applied for admission and financial aid. This form must be completed and returned to your child's high school by the date of (mm/dd/yyyy) \_\_\_\_\_. It is your responsibility to provide the correct information and meet all deadlines. Failure to do so will prevent your child from being considered for the additional TH or AH financial aid incentive, even if otherwise eligible.

### PARENT RELEASE

I authorize the release of my/my child's name, date of birth and Social Security Number to the Commission so that he or she can be considered for the additional TH or AH financial aid incentive. I understand that this information will only be released if needed to the Commission, qualified colleges and universities and the Indiana Department of Education for purposes of determining financial aid eligibility and evaluating graduation and completion data. Further, I am either eighteen (18) years of age or authorized to release the following information on the student's behalf.

Signature of parent/guardian/eligible student ( <i>Mandatory</i> )	Printed name of parent/guardian/eligible student
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### STUDENT INFORMATION (*Mandatory*)

*Accuracy is essential – check the student's Social Security Card to be sure the correct SSN is provided.*

Last name of student ( <i>As it appears on Social Security Card.</i> )	First name of student ( <i>As it appears on Social Security Card.</i> )
Social Security number of student* ( <i>As it appears on Social Security Card.</i> )	Date of birth of student (mm/dd/yyyy) ( <i>As it appears on birth certificate.</i> )

### SCHOOL INFORMATION

*This section is to be completed by high school representative. This form is to be kept on file at the high school and not returned to the Commission.*

Name of school	Diploma Type Verification ( <i>Check only one.</i> ) <input type="checkbox"/> Core 40 with Technical Honors (TH) <input type="checkbox"/> Core 40 with Academic Honors (AH)
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