**INCOME VERIFICATION FOR TRIO PROGRAMS**

STUDENT INFORMATION:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT CONSENT:

By my signature below, I authorize and direct Onondaga Community College (OCC) to:

* **A**. Verify my family’s income for the past year, using Federal Tax Information (FTI) data from my Free Application for Federal Student Aid (FAFSA), for the purpose of verifying my eligibility to participate in TRIO programs.
* **B.** Verify my family’s non-filing status for the past year, using Federal Tax Information (FTI) data from my Free Application for Federal Student Aid (FAFSA), for the purpose of verifying my eligibility to participate in TRIO programs.

To participate in TRIO programs as a “low-income individual,” my family’s taxable income cannot exceed 150 percent of the poverty level amount established by the Census Bureau. In absence of an IRS tax transcript, OCC will utilize Adjusted Gross Income (AGI) information provided during FAFSA completion.

I agree that such verification described in ***options A and B*** may be provided to the Program Director, Technical Specialist, coordinators, and other individuals employed by OCC who are involved with the supervision and direction of projects funded under the Federal TRIO programs.

I understand that the above records and information:

1. May include return information disclosed under section 6103(l)(13) of title 26; and
2. May only be used for the specific purpose outlined in this consent form and no other purposes.

It is my intent that this consent form be interpreted to the extent permitted by applicable law, including but not limited to the Internal Revenue Code, the Higher Education Act, and the Family Educational Rights and Privacy Act.

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Student Signature Date

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Parent/Legal Guardian Signature Date

(if Student is under 18 years of age)