## 2022-2023 Verification Worksheet – Form 4

| Student ID Number                        |                                                                                                                                               |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Student Name:                            | Phone Number:                                                                                                                                 |
| •                                        | ck ink. Failure to accurately complete this form may result in a cial aid eligibility. Additional documentation may be requested. pleting.    |
|                                          | Section 1: Identity                                                                                                                           |
| MUST BE COMPLET                          | ED & SIGNED AT THE FINANCIAL AID OFFICE                                                                                                       |
| If unable to appear in person at the Fir | nancial Aid Office, you must complete this section with a notary                                                                              |
| You must appear in person at             | Financial Aid Office to verify your                                                                                                           |
|                                          | (Name of institution)                                                                                                                         |
|                                          | government-issued photo identification (ID), such as, but not limited ID, or passport. The institution will maintain a copy of your photo ID. |
| Type of documentation submitted:         |                                                                                                                                               |
| Designated institutional official:       |                                                                                                                                               |
|                                          | (School official's printed name)                                                                                                              |

Student ID Number: S

## **Section 2: Statement of Educational Purpose**

## **MUST BE COMPLETED & SIGNED AT THE FINANCIAL AID OFFICE**

## If unable to appear in person at the Financial Aid Office, you must complete this section with a notary

In addition, you must sign, in the presence of the institutional official, the following:

| I certify that I                       | I certify that Iam the individual signing this  (Student's printed name) |                                                                                                              |  |  |
|----------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|--|
| ·                                      | ·                                                                        |                                                                                                              |  |  |
| •                                      | ose and that the federal student fi                                      |                                                                                                              |  |  |
| I may receive will only be used        | for educational purposes and to pa                                       |                                                                                                              |  |  |
|                                        |                                                                          | for 2022-2023.                                                                                               |  |  |
|                                        | (Name of institution)                                                    |                                                                                                              |  |  |
| Student Signature:                     |                                                                          | Date:                                                                                                        |  |  |
| <u>r</u>                               | Notary Section Instructions: Please                                      | e Read                                                                                                       |  |  |
| •                                      | al is visible) should be mailed to the Fi                                | at the institution with a designated official.<br>nancial Aid Office at your institution along<br>nentation. |  |  |
| <u>No</u>                              | otary's Certificate of Acknowledgn                                       | nent                                                                                                         |  |  |
| State of                               | City/County of                                                           |                                                                                                              |  |  |
| On                                     | , before me                                                              |                                                                                                              |  |  |
| (Date)                                 | , before me(Notary's name)                                               |                                                                                                              |  |  |
| Personally appeared                    |                                                                          | and proved to me on the basis of                                                                             |  |  |
|                                        | (Printed name of signer)                                                 | and proved to me on the basis of                                                                             |  |  |
| Satisfactory evidenceof Identification |                                                                          | to be the above-named                                                                                        |  |  |
| (*                                     | Type of unexpired government-issued IE                                   | Oprovided)                                                                                                   |  |  |
|                                        | My commission expires on                                                 | , 20                                                                                                         |  |  |
| Notary(Print):                         |                                                                          |                                                                                                              |  |  |
| Notary (Signature):                    |                                                                          | (Seal)                                                                                                       |  |  |