

2023-2024 Verification Worksheet - Form 4

Student ID Number: S

Student Name:

Phone Number:

Form must be completed in blue or black ink. Failure to accurately complete this form may result in a delay of processing or change of financial aid eligibility. Additional documentation may be requested. Read instructions carefully before completing.

Section 1: Identity

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

You must appear in person at ______ Financial Aid Office to verify your (Name of institution)

identity by presenting a valid unexpired government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued 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	am the indi	ividual signing this	
I certify that I(Student			
	pose and that the federal student finan	cial assistance	
	d for educational purposes and to pay t		
		for 2023-2024.	
	(Name of institution)	101 2023 2024.	
Student Signature:		_Date:	
	Notary Section Instructions: Please Re		
This section should only be completed if you are unable to appear in person at the institution with a designated official. This			
form (the original on which the seal is visible) should be mailed to the Financial Aid Office at your institution along with the			
copy of the government-issued identification acknowledged by the notary.			
copy of the government issued identifi	reation decrowiedged by the notary.		
Notary's Certificate of Acknowledgment			
State of	City/County of		
On	, before me		
(Date)		's name)	
Personally appeared		and proved to me on the basis of	
	(Printed name of signer)		
Satisfactory evidenceof Identification		to be the above-named	
, _	(Type of unexpired government-issued ID pr		
Person who signed the foregoing instr	ument.		
	My commission expires on	, 20	
Notary(Print):			

(Seal)

Notary (Signature):