



Office for Financial Aid  
432 Western Avenue  
Albany, NY 12203

Phone: (518) 458-5464  
Fax: (518) 454-2109  
Email: [finaid@strose.edu](mailto:finaid@strose.edu)

## 2023-2024 V4 CUSTOM VERIFICATION WORKSHEET

### What You Should Do:

1. Complete Section A of this worksheet – sign Section B certification.
2. Complete Section C. Choose only 1 part (in front of Financial Aid Officer or with a Notary).
3. Submit the completed worksheet and government issued document to the Financial Aid Office.

### A. STUDENTS INFORMATION

_____	_____	_____	_____
Last	First	Student ID#	Phone Number

### B. CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported on this worksheet is complete and correct.  
Please sign the section below that applies to your FAFSA information.

#### **Dependent Student ONLY** *(students who were required to supply parental data on FAFSA):*

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Independent Student ONLY** *(students who were not required to supply parental data on FAFSA):*

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### C. IDENTITY VERIFICATION AND STATEMENT OF EDUCATIONAL PURPOSE

#### **(TO BE SIGNED IN FRONT OF A FINANCIAL AID OFFICIAL)**

I certify that I \_\_\_\_\_ am the individual signing this

*(Print Student's Name)*

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending The College of Saint Rose for 2022-2023.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(TO BE SIGNED WITH NOTARY)**

If the student is unable to appear in person at The College of Saint Rose to verify his or her identity, the student must provide:

- (a) A copy of the **valid** government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to, a driver's license, other state-issued ID, or passport;  
**AND**
- (b) The original notarized Statement of Educational Purpose provided below.

I certify that I \_\_\_\_\_ am the individual signing this  
*(Print Student's Name)*

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending The College of Saint Rose for 2023-2024.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ID #: \_\_\_\_\_

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
*(Date)* *(Notary's name)*

personally appeared, \_\_\_\_\_, and proved to me on the basis of  
*(Printed name of signer)*

satisfactory evidence of identification \_\_\_\_\_ to be  
*(Type of government-issued photo ID provided)*

the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal:**

Notary Signature: \_\_\_\_\_

My commission expires on \_\_\_\_\_  
*(Date)*

**FOR OFFICE USE ONLY**

Documentation attached: ☐

Valid ID viewed / copied: ☐

Viewed and verified by: \_\_\_\_\_ Date: \_\_\_\_\_