**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: ______________
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 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, _______________________________________________________, personally appeared, ____________________________________, and proved to me on the basis of satisfactory evidence of identification______________________________________________________ to be ________________________________________________________ to be 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: _____________

(Print Student’s Name)

(Date)

(Print Student’s Name)

(Printed name of signer)

(Type of government-issued photo ID provided)