

## 2024-2025 V4 Verification Worksheet Dependent Student

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parent(s) reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

| Student's Last Name    | Student's First Name        | Student's M.I.                 | Last Four Digits of Social Security Number |
|------------------------|-----------------------------|--------------------------------|--------------------------------------------|
| Student's Street Addre | ess (include apt. no.)      | Student's Date of Birth        |                                            |
| City                   | State Zip C                 | Code                           | Student's Email Address                    |
| Student's Home Phone   | e Number (include area code | Alternate or Cell Phone Number |                                            |

## B. Identity and Statement of Educational Purpose - Must be signed at the Institution or in the presence of a Notary

## To be signed at the Institution:

The student must appear in person at **Cleary University** to verify his or her identity by presenting an unexpired valid 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 the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

## *To be signed in the presence of a Notary:*

If the student is unable to appear in person at **Cleary University** to verify his or her identity, the student must provide to the Institution:

- A. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- B. The **original** Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

| Student Name:                                                                      | SSN (Last Four Digits)                                        |
|------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Statemen                                                                           | nt of Educational Purpose                                     |
| I certify that I(Print Student's                                                   | Name) am the individual signing                               |
| this Statement of Educational Purpose and                                          | that the Federal student financial assistance                 |
| I may receive will only be used for education                                      | onal purposes and to pay the cost of attending                |
| Cleary University for 2024-2025.                                                   |                                                               |
| Student's Signature                                                                | Date                                                          |
| Authorized Institutional Official's Signatur                                       | re Date                                                       |
| Notary's Certificate of Acknowledgement Regar                                      | rding Signed Statement of Educational Purpose: City/County of |
| On, before me,                                                                     | , personally                                                  |
| (Date)                                                                             | (Notary's name)                                               |
| appeared,(Printed name of signer)                                                  | , and provided to me on basis of satisfactory                 |
| evidence of identification(Type of unexpired gove signed the foregoing instrument. | to be the above-named person who ernment-issued photo ID)     |
|                                                                                    |                                                               |
| WITNESS my hand and official seal:                                                 |                                                               |
|                                                                                    | My commission expires on                                      |
| (Notary signature)                                                                 | (Date)                                                        |
| (Seal)                                                                             |                                                               |

| Student Name:                                                                                                                                                                                                                   | SSN (Last Four Digits)                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|
| D. Certifications and Signatures  Each person signing below certifies that all of the information reported is complete and correct.  The student and one parent whose information was reported on the FAFSA must sign and date. | WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both. |  |
| Print Student's Name (Blue or black ink, no electronic signatures accepted)                                                                                                                                                     | Date                                                                                                       |  |
| Student's Signature (Blue or black ink, no electronic signatures accepted)                                                                                                                                                      | Date                                                                                                       |  |
| Parent's Signature                                                                                                                                                                                                              | - Date                                                                                                     |  |

Submit the original worksheet to the financial aid administrator at your school.

No copies will be accepted.

You should make a copy of this worksheet for your records.

(Blue or black ink, no electronic signatures accepted)