V4 - Custom

### 2023-2024 Verification Worksheet

Dependent

Your FAFSA has been selected by the U.S. Department of Education for a process called Verification. We must compare the information from your FAFSA with the information on this worksheet and any other required documents. If there are differences, we will make the necessary corrections to your FAFSA or contact you for further information.

Student Information					
First Name	M.I. Last Name		Date of Birth		
Street Address (not car	mpus address)		Email Address		
City	State	Zip Code	Phone Number		
Identity and St	tatement of Educational Pur	pose			
A valid, un driver's lice  A signed st educations  Option 2. If the st document  A copy of a non-driver  An original received waward year	ense, military identification, or passpratement certifying that the Federal all purposes to pay the cost of attendated at the sunable to appear in personntation:  a valid, unexpired government-issued is license, military identification, or protarized statement signed by the application of the statement of the sunable control of the statement of the sunable control of the statement of the statem	entification, such as port (a copy will be mostudent financial assing this school for the heart provided photo identification passport; AND applicant certifying thoses to pay the cost	but not limited to a driver's license, non- lade and retained by the school); <u>AND</u> stance received will only be used for e 2023-2024 award year. <i>[Attachment A]</i>		
Sign the Work	sheet				
reported is comple	g below certifies that all of the informate and correct. The student and one was reported on the FAFSA must sign	parent	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.		
Student Signature REQ	UIRED		Date		
Parent Signature REQU	IRED		 Date		

Return to: Saint Mary's University of Minnesota, Financial Aid Office, 700 Terrace Heights #5, Winona, MN 55987

Email: financialaid@smumn.edu Fax: 507-457-6997

## Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at Saint Mary's University of Minnesota 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.

### **Statement of Educational Purpose**

I certify that I	am the individual					
(Print Student's N	ame)					
signing this Statement of Educational Purpose and that the Federal student financia assistance I may receive will only be used for educational purposes and to pay the cost of attending Saint Mary's University of Minnesota for 2023-2024.						
(Student's Signature)	(Date)					
(Student's ID Number)						

# Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Saint Mary's University of Minnesota 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.

#### **Statement of Educational Purpose**

I certify that I		am th	e individual
,	(Print Student's Name)		
signing this Stateme	ent of Educational Purpose a	and that the Federal s	student financial
assistance I may rec	eive will only be used for ed	ducational purposes a	and to pay the
cost of attending Sa	int Mary's University of Min	nesota for 2023-202	4.
(Student's Signature)		(Date)	
(Student's ID Number)			
N.I.			
Not	tary's Certificate of Ack	nowledgement	
State of			
			· · · · · · · · · · · · · · · · · · ·
City/County of			
,, <u></u>			
On	, before me,		,
(Date)	, before me,	(Notary's name)	
personally appeared,	(Printed name of signe		, and proved to me
	(Printed name of signe	er)	
on basis of satisfactory evid	lence of identification		
		(Type of government-iss	
to be the above-named per	son who signed the foregoi	ng instrument.	
WITNESS my hand and offi	cial seal		
(seal)			
		(Notary signa	ture)
My commission expires on			
	(Date)		