

# 2023-2024 Verification Worksheet V-4

## Dependent Student

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. To verify that you provided correct information we 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 us. **Incomplete worksheets will not be processed.** Verification *cannot be completed until all requested documents are received.* **If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.**

### Dependent Student's Information

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Student's M.I.

\_\_\_\_\_  
Student's Social Security Number

\_\_\_\_\_  
Student's Street Address (include apt. no.)

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Student's Email Address

\_\_\_\_\_  
Student's Home Phone Number (include area code)

\_\_\_\_\_  
Student's Alternate or Cell Phone Number

**Student's Name:** \_\_\_\_\_

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

The student must appear in person at \_\_\_\_\_ to  
(Name of Postsecondary Educational Institution)

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.

**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 \_\_\_\_\_  
(Name of Postsecondary Educational Institution)

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 the individual signing  
(Print Student's Name)

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 \_\_\_\_\_  
for 2023-2024. (Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student's Signature) (Date)

\_\_\_\_\_  
(Student's ID Number)

**Notary's Certificate of Acknowledgement**  
*Notary's certification may vary by State*

State of \_\_\_\_\_

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

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

personally appeared, \_\_\_\_\_, and proved to me  
(Printed name of signer)

on the basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**  
(seal)

\_\_\_\_\_  
(Notary signature)

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

Student's Name: \_\_\_\_\_

### Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_

Print Student's Name

Student's ID Number

\_\_\_\_\_  
Student's Signature (can't be typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (can't be typed)

\_\_\_\_\_  
Date

***Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to the financial aid administrator at WWU.***

*Student Financial Services  
William Woods University  
1 University Ave  
Fulton, MO 65251*

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