

2020-2021 Verification Worksheet Tracking Group V4

Your 2020-2021 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 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 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 Information

	Student's Last Name	Student's First Nam	e Student's M.I.	Student's SSN or ID Number
	Student's Street Address	s (include apt. no.)	Student's Date of Birth	
	City	State	Zip Code	Student's Email Address
	Student's Home Phone I	Number (include area c	ode)	Student's Alternate or Cell Phone
	de one of the following do 2021: Please check the b		-	mpletion status when the student begins college in
□А	copy of the student's high	school diploma.		
	or students who complete similar document.	ed secondary education	n in a foreign country, a cop	by of the "secondary school leaving certificate" or
□ A	copy of the student's fina	al official high school tra	anscript that shows the da	te when the diploma was awarded.
		•	·	d a State authorized examination that the State other State-authorized examination).
	n academic transcript tha toward a bachelor's degr		successfully completed at	least a two-year program that is acceptable for full
			·	estudent to obtain a secondary school completion equivalent), a copy of that credential.
comp equiv	letion credential for home alent, signed by the stude	eschooling (other than ent's parent or guardiar	a high school diploma or it	quire the student to obtain a secondary school s recognized equivalent), a transcript, or the chool courses the student completed and includes a in a homeschool setting.

A student who is unable to obtain the documentation listed above must contact the financial aid office.

Documentation of Identity/Statement of Educational Purpose

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement on the last page at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a notary public.

Certification and Signature

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

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Each person signing below certifies that all of the information r	reported is complete and correct.
Print Student's Name	Student's ID Number
Student's Signature	Date

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

The student must appear in person at American University of Health Sciences 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.

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 American University of Health Sciences 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)	
•	rederal student financial assistance I may receive will only be used adding American University of Health Sciences for 2020–2021.
(Student's Signature)	(Date)
(Student's ID Number)	
	ificate of Acknowledgement
State of	City/County of
	, On,
	(Date)
before me,	
(Notary's name) personally appeared,	and proved to me
(Printed name of signer)	, and proved to me
on the basis of satisfactory evidence of identification	of unexpired government-issued photo ID provided)
(туре	of unexpired government-issued photo ib provided)
to be the above-named person who signed the foreg	going instrument.
WITNESS my hand and official seal (seal)	
	(Notary Signature)
My commission expires on	
(Date)	