2023–2024 VERIFICATION WORKSHEET (V4)

Your Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. Before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA. We will compare your FAFSA with the information you report on this and any other required documentation. If there are differences, your FAFSA information may need to be corrected. Contact our office if you have any questions regarding this form at 510.879.9200 or email us at finaid@samuelmerritt.edu. Incomplete forms will not be accepted and will delay processing.

A. <u>STUDENT INFORMATION</u> : (Please Print)				
Last Name		First Name	Middle Initial	
Address	(City, State	Zip Code	
Student ID#]	Date of Birth	Phone Number	
B. IDENTITY AND STATEMENT	OF EDUCATIONAL	L PURPOSE		
government-issued photo identificat	ion (ID), such as, but the student's photo ID the	not limited to, a driver's lice hat is annotated with the dat	entity by presenting an unexpired valid nse, other state-issued ID, or passport. The e it was received and reviewed, and the name of	
In addition, the student must sign, in Purpose provided below. IDENT	TITY AND STATEM	stitutional official, the Stater ENT OF EDUCATIONAL ned at the Institution)		
I certify that I,		, am the individu	al signing this Statement of Educational	
•	financial assistance I		d for educational purposes and to pay the cost	
Student's Signature	Date	Student's ID Nu	ımber	
Financial Aid Administrator (Print	Name)	_		
Financial Aid Administrator Signa	ture	 Date		

CERTIFICATION AND SIGNATURE

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.

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

optional.		both.		
Student's Name (Print Name)		Spouse's Name (Print Name)		
Student's Signature	Date	Spouse's Signature	Date	
C. <u>IDENTITY AND STATEM</u>	ENT OF EDUCATION	AL PURPOSE VERIFICATION		
		TEMENT OF EDUCATIONAL PURPO ned in the Presence of Notary)	OSE	
If the student is unable to appear institution:	in person at <u>Samuel Mer</u>	ritt University to verify his or her identity	y, the student must provide to the	
that is presented to a notary, (b) The original Statement of Ed	such as but not limited to ucational Purpose provide	oto identification (ID) that is acknowledge o, a driver's license, other state-issued ID, ed below, which must be notarized. If the ose, there must be a clear indication that the	or passport; AND notary statement appears on a	
	STATEMENT	OF EDUCATIONAL PURPOSE		
I certify that I,		he individual signing this Statement of Edbe used for educational purposes and to p	lucational Purpose and that the pay the cost of attending Samuel	
Student's Signature	Date	Student's ID Number		
	NOTARY'S CERTI	FICATE OF ACKNOWLEDGEMENT	Γ	
State of				
City/County of				
On, be	efore me		,	
(Date)		(Notary's name)	1 11	
Personally appeared,		ted Name of signer)	, and provided to me	
On basis of satisfactory evidence		<u>-</u>		
To be the above-named person when the state of the state		(Type of unexpired government-issued lastrument.	(D provided)	

WITNESS my hand and official seal

(Notary's Signature)	
My Commission expires on	
	(Date)