

School of Medicine, Office of Financial Aid

2023-24 Identity and Statement of Educational Purpose (To Be Signed With Notary)

Your 2023-24 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before disbursing Federal Student Aid, you must 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.

WARNING: Anyone who purposely gives false or misleading information on this worksheet may be fined, sentenced to prison, or both.

Stude	ent's Printed Name	Student's ID Number
Instructions:	ent 31 Timed Name	Olddelli 3 ID Nullibel
If the student is unable to appear identity, the student must provide		ersity School of Medicine to verify his or her
. ,	•	ation (ID) that is acknowledged in the notary
	ot limited to a driver's license, other	
(b) The original notarized Stateme	ent of Educational Purpose provide	d below.
	Statement of Educatio	nal Purpose
I certify that I,	am the individual signin	g this Statement of Educational Purpose and that the
(Print Student's	Name)	
	ce I may receive will only be used for a second of the sec	or educational purposes and to pay the or 2023-24.
Certification and Signatures		
Each person signing this worksheet of This worksheet must be signed by the	certifies that all the information reported e student.	I on it is complete and correct.
	Student Signature	Date
	Student Signature Notary's Certificate of Ack	
State of	Notary's Certificate of Ack	
	Notary's Certificate of Ack	nowledgement
City/County of	Notary's Certificate of Ack	nowledgement
City/County of	Notary's Certificate of Ack	nowledgement
City/County of , before me (Date)	Notary's Certificate of Ack e(Notary's name)	nowledgement
On , before monopole (Date) personally appeared,	Notary's Certificate of Ack e(Notary's name)	nowledgement
City/County of , before more (Date) personally appeared,	Notary's Certificate of Ack e(Notary's name) Printed name of signer)	nowledgement
City/County of, before months (Date) personally appeared,(F	Notary's Certificate of Ack e(Notary's name) Printed name of signer) to be the above	nowledgement and provided to me on basis of satisfactory evidence of
City/County of, before more (Date) personally appeared,(Fidentification(Type of government)	Notary's Certificate of Ack (Notary's name) (Notary's name) rinted name of signer) to be the above issued photo ID)	nowledgement and provided to me on basis of satisfactory evidence of
City/County of, before more (Date) personally appeared,(Fidentification	Notary's Certificate of Ack (Notary's name) (Notary's name) rinted name of signer) to be the above issued photo ID)	nowledgement and provided to me on basis of satisfactory evidence of

Please return completed form via postal mail using the contact information below or upload via the SIS Self-Service portal.