



## 2022-2023 Verification Worksheet (V4)

Your application has been selected by the U.S. Department of Education for review in a process called "Verification". As part of this process, you have been selected to confirm your identity and to reaffirm the statement of educational purpose that you signed when you completed the FAFSA . **The Office of Financial Aid cannot make any federal financial aid payments available to you or process a student loan request until all verification requirements have been met and any necessary corrections have been made.**

**Next Steps:**

1. Complete all sections and sign this worksheet in ink (electronic signature is not acceptable).
2. Return all requested documents by mail to: **Financial Aid, College of Mount Saint Vincent  
6301 Riverdale Avenue  
Riverdale, NY 10471**

Or by uploading the documents through your Admissions portal or through Self Service.

### A. Student Information (Please Print)

_____		_____	
Last Name	First Name	M.I.	CMSV ID #
_____		_____	
Address (include apt. #)		Date of Birth (mm/dd/yyyy)	
_____		_____	
City	State	Zip Code	Phone # (include area code)

### B. Identity and Statement of Educational Purpose

(Statement is to be signed in the presence of either a Financial Aid staff member or notary if you are unable to come to the Financial Aid Office in person)

#### Statement of Educational Purpose (if in person at Financial Aid Office)

I certify that I \_\_\_\_\_ (print student's name) am the individual signing this Statement of Education 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 the College of Mount Saint Vincent.

Student's ink signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. You may provide proof of identity by bringing the original, unexpired government-issued photo I.D., such as, but not limited to, driver's license, other state-issued I.D., or passport to the Financial Aid Office. A member of the Financial Aid staff will make a copy of the I.D. and sign here:

FA Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(attach annotated copy of student's proof of identity)

See next page if you are unable to come to the Financial Aid Office in person.

2. If you are unable to present the document in person, you may provide a copy of the unexpired government-issued photo I.D. that you presented to a notary public to the Financial Aid Office via mail or secure upload method identified above along with the completed notary statement below.

**Statement of Educational Purpose (if completed in the presence of a notary public)**

I certify that I \_\_\_\_\_(print student's name) am the individual signing this Statement of Education 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 the College of Mount Saint Vincent.

Student's ink signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_, City/County of \_\_\_\_\_, on \_\_\_\_\_, (date)  
before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(notary name) (student name)  
and proved to me on the basis of satisfactory evidence of identification \_\_\_\_\_  
(type of unexpired government-issued 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): \_\_\_\_\_

**C. Certification**

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If the student is dependent, one parent must also sign. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(of dependent student)

<b>Office Use Only</b>	
Verification completed by: _____	_____
Authorized Signature	Date