# UNIVERSITY OF MOUNT SAINT VINCENT

# 2025-2026 Verification Worksheet (V4)

Your application was selected by the U.S. Department of Education for review in a process called "Verification." The Office of Financial Aid must compare your FAFSA with the information you provide on this worksheet and other financial documents. If there are differences between your application information and the documents you submit, your application may require correction. 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 are met and the necessary corrections have been made.

#### Next Steps

- Complete all sections and sign this worksheet in ink.
- Return all requested documents by uploading through SLATE or Self-Service.

#### A. Student Information (Please Print)

Last Name	First Name	Middle Initial	UMSV ID#
Address (include apt. #)		Date of Birth (mm/de	d/yyyy)
,		•	33337
			<u> </u>
City	State	ZIP Code	Phone # (incl. Area code)

### **B.** Identity & Statement of Educational Purpose

Student must provide proof of his/her Identity by presenting a valid and unexpired government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID, or passport.

You may choose option 1 or 2.

**1.** You may provide proof by presenting an original, unexpired, government-issued photo identification at the Financial Aid Office. The Financial Aid Professional who accepts the document will make an annotated photocopy of your ID for our records and sign below.

#### OR

**2.** If you are unable to present the document in person. You may provide a copy of the original, unexpired, government-issued photo identification, <u>annotated</u> by the notary, and acknowledged within the notary statement below.



## **Statement of Educational Purpose**

The student must sign, in the presence	e of an institutional c	official (option 1) OR a notary (option 2), the following:	
I certify that I (Print Student Name) of Educational Purpose and that the Fed purposes and to pay the cost of attending		am the individual signing this Statement ssistance I may receive will only be used for educational saint Vincent for 2025–2026.	
Student Signature		Date	
C. Acknowledgement by	y FA Professi	ional <u>OR</u> Notary	
Financial Aid	Professional's Cer (Must be complete	tificate of Acknowledgement ed for option 1)	
The student, (student name), signed the Statement of		, signed the Statement of Educational Purpose	
above in my presence and provided to m	e their (ID type)	with expiration date	
as proof of identity. I have saved an anno	otated copy of this stud	ent ID in the student's file.	
Financial Aid Professional Signature	OR	Date	
Not	tary's Certificate of (Must be complete	Acknowledgement ed for option 2)	
State of	_ City/County of		
On (date),, before	e me (Notary Name), _		
personally appeared (Student Name)		, and proved to me because of	
satisfactory evidence of identification*	(type of unexpired gov	to be the ernment issued photo ID provided)	
above-named person who signed the for	egoing instrument.		
WITNESS my hand and official seal	Notary Signature_		
(Seal)	My commission expires on (date)		
*Notary: Please provide	e an annotated copy	of the ID presented by the student.	
D. Certification			
	. Warning: If you pur	eported on this worksheet is complete and correct. If posely give false or misleading information on this	
Student Signature		Date	
Parent Signature (Dependent Student)	OR Spouse Signatu	re (Independent Student) Date	