

A. Student's Information

## Office of Financial Aid

E finaid@findlay.edu P 419-434-4791

## 2023–2024 Verification Statement of Educational Purpose Off Campus Student

Your 2023–2024 Free Application for Federal Student Aid (FAFSA) was selected for verification. Federal law requires that a student provide documentation to a financial aid administrator to confirm the information reported on the FAFSA prior to aid being disbursed. The Office of Financial Aid will compare your FAFSA with the information on this worksheet and other required documents. If there are differences, your FAFSA information will be updated. You must complete and sign this worksheet, attach any required documents, and submit these forms to The Office of Financial Aid. If you have questions about this process, contact your financial aid counselor.

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Email Address			Student's Date of Birth
B. Identify Verification			
copy of the unexpired vali presented to a notary, suc	id government-issued pho ch as, but not limited to, a d below, which must be no	oto identification (ID) that driver's license, other sta otarized.	rify his or her identity, the student must provide UF with a is acknowledged in the notary statement below or that is ite-issued ID, or passport; and the original Statement of Edu
	•	Statement of Education	al Purpose
I certify that I,	that I, am the individual signing this Statement of Educat		_ am the individual signing this Statement of Educational
attending the <b>University</b> of the University of University of the University of University o		(Date)	
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On	hefore me		
(Da	, before me, _ te)	(Notary's name)	
			, and provided to me on basis of satisfactory
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evidence of iden	•	• ,	to be the above-named person who
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signed the forego		0 - 0 - 1 - 1 - 1 - 1	P/
WITNESS my ha	nd and official seal al)	(Notary signature)	
		My commission expire	es on
		, ,	Date