

A. Student's Information

Office of Financial Aid

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

2024-2025 Verification Statement of Educational Purpose On Campus Student

Your 2024-2025 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 Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
B. Identify Verification	n		
tion with the date and review the stu	it was received and reviewed ident's ID. In addition, the stual Purpose provided below.	, and the name of the c dent must sign, in the p	nt's photo ID that is annotated by the institu- ifficial at the institution authorized to receive presence of the institutional official, the State-
	Statement	t of Educational Pur	pose
		he Federal student fina	am the individual signing this ncial assistance I may receive will only be used rsity of Findlay for 2024-2025.
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