2022-2023 V4 CUSTOM VERIFICATION WORKSHEET

Your 2022-2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that, before awarding Federal Student Aid, we may ask you to confirm the information you and your parents/spouse reported on your FAFSA. To verify that you provided correct information, the Office for Financial Aid 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 these forms to the Office for Financial Aid. We may ask for additional information. If you have questions about verification, please contact us as soon as possible so that your financial aid will not be delayed. Financial Aid cannot be disbursed until the verification process is complete.

A. STUDENT INFORMATION

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<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Saint Rose ID</th>
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<th>Phone Number</th>
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B. HIGH SCHOOL COMPLETION STATUS

Your high school completion status must be verified. Please submit ONE of the following documents:

- Copy of student’s high school diploma.
- Copy of student’s final official high school transcript showing the date when the diploma was awarded.
- Copy of the student’s General Educational Development (GED) certificate or GED transcript.
- An academic transcript showing successful completion of at least a two-year program that is acceptable for full credit toward a bachelor’s degree.

For Home-Schooled Students:

- Transcript signed by student’s parent or guardian that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a home-school setting.
- State issued secondary school completion credential for home school.

VERIFIED BY: ____________________________ DATE: ____________________________

(Financial Aid Official’s Signature)
*ATTENTION* Please choose and complete Section I OR Section II:

SECTION I

(TO BE SIGNED IN FRONT OF A FINANCIAL AID OFFICIAL AT SAINT ROSE)

The student must appear in person at The College of Saint Rose, Office for Financial Aid, to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

The following section must be signed in the presence of a Saint Rose Financial Aid Official:

Statement of Educational Purpose

I certify that I __________________________ am the individual signing

(Print Student’s Name)

this Statement of Educational 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 Saint Rose for 2022-2023.

Student’s Signature: __________________________ Date: ________________

ID #: __________________________
SECTION II

(TO BE SIGNED WITH NOTARY)

If the student is unable to appear in person at The College of Saint Rose to verify his or her identity, the student must provide:

(a) A copy of the **valid** government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to, a driver’s license, other state-issued ID, or passport; **AND**

(b) The **original** notarized Statement of Educational Purpose provided below.

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**Statement of Educational Purpose**

I certify that I ___________________________________________ am the individual signing this Statement of Educational 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 Saint Rose for 2022-2023.

Student’s Signature: ___________________________ Date: ____________ ID #: _____________

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**Notary’s Certificate of Acknowledgement**

State of __________________________________ City/County of __________________________________

On ________________, before me, ____________________________________________________________, personally appeared, ________________________, and proved to me on the basis of satisfactory evidence of identification _____________________________ to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal:

Notary Signature: __________________________________________

My commission expires on ________________

(Date)
D. CERTIFICATIONS AND SIGNATURES

Each person signing below certifies that all of the information reported on this worksheet is complete and correct. The student, student’s spouse (if married) and one parent whose information was reported on the FAFSA must sign and date. Please sign the section below that applies to your FAFSA information.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

**Dependent Student ONLY** (students who were required to supply parental data on FAFSA):

Student’s signature: ___________________________ Date: ________________

Parent’s signature: ___________________________ Date: ________________

**Independent Student ONLY** (students who were not required to supply parental data on FAFSA):

Student’s signature: ___________________________ Date: ________________

Spouse’s signature: ___________________________ Date: ________________

Submit this completed form and required financial documents to:

The College of Saint Rose
Office for Financial Aid
432 Western Avenue
Albany, NY 12203

THIS FORM MUST BE DELIVERED IN PERSON OR COMPLETED WITH A NOTARY AND MAILED. FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED.

If you have any questions about this worksheet, please contact us at (518) 458-5464 or finaid@strose.edu

FOR OFFICE USE ONLY

Documentation attached: ☐
Valid ID viewed / copied: ☐

Viewed and verified by: ___________________________ Date: ________________