## **WESTMINSTER COLLEGE**



## 2023–2024 Verification Document Identity and Statement of Educational Purpose Independent Student

Your 2023–2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that, before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Informat	tion			
		XXX-XX-		
Student's Last Name	First Name 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		
Student's Home Phone Nu	ımber (include area code)	Student's Alternate or Cell Phone Number		

## \* PLEASE NOTE:

- \* This form has 4 pages.
- \* Complete either section B or section C.
- \* Do Not Forget to complete section D, which is on the last page, and requires <u>one</u> signature.

Student's Name	Student's SSN: XXX-XX-
B. Identity and Statement	Educational Purpose (To Be Signed at the Institution)
The student must appear in pers	n at WESTMINSTER COLLEGE to
verify his or her identity by pres as, but not limited to, a driver's copy of the student's photo ID t	(Name of Postsecondary Educational Institution)  Inting an unexpired valid government-issued photo identification (ID), successe, other state-issued ID, or passport. The institution will maintain a let is annotated by the institution with the date it was received and reviewed institution authorized to receive and review the student's ID.
In addition, the student must sig <i>Purpose</i> provided below.	in the presence of the institutional official, the Statement of Educational
	Statement of Educational Purpose
I certify that I	am the individual signing this at Student's Name)
(Pr	at Student's Name)
I may receive will only  WESTMINST	Purpose and that the Federal student financial assistance e used for educational purposes and to pay the cost of attending  RCOLLEGE for 2023–2024.  Postsecondary Educational Institution)
(Student's Signature)	(Date)
(Student's ID Number)	
Westm	ster College Representative Acknowledgement
On, b	Ore me,
(Date)	(College Representative)
personally appeared,	(College Representative)  ———————————, and proved to me Printed name of signer)  ce of identification
on the basis of satisfactory evidence	ce of identification
J	(Type of unexpired government-issued photo ID provide o signed the foregoing instrument.
	(College Representative signature)

Student's Name	Student's SSN:	XXX-XX-
C. Identity and Statement of Education	nal Purpose (To Be Signe	l in the Presence of a Notary)
If the student is unable to appear in person at(Name of	ESTMINSTER COLLEGE_ Postsecondary Educational Insti	tution)
to verify his or her identity, the student must provi	de to the institution:	
(a) A copy of the unexpired valid government-issistatement below, or that is presented to a notary or passport; and		
(b) The original Statement of Educational Purpose appears on a separate page than the Statement Statement of Educational Purpose was the doc	of Educational Purpose, there m	
Statemen	nt of Educational Purpose	
I certify that I(Print Students of Educational Purpose and I may receive will only be used for ed <b>WESTMINSTER COLLEG</b> (Name of Postsecondary Educational	ent's Name) I that the Federal student finatucational purposes and to pay for 2023-2024.	
(Student's Signature)	(Date)	
(Student's ID Number)		
Notary's Cer	rtificate of Acknowledgemen	nt
State of		
City/County of		
On, before me,		
On, before me,	or)	_, and proved to me
on the basis of satisfactory evidence of identifit to be the above-named person who signed the	(Type of unexpired gover foregoing instrument.	nment-issued photo ID provided)
WITNESS my hand and official seal (seal)		
	(Notary si	gnature)
Му с	ommission expires on	
·		(Date)

Student's Name	Student's SSN:		XXX-XX-
D. Certifications and Signatures			
Certifications and Signatures  Each person signing below certifies that all of the Information reported is complete and correct.			you purposely give false or formation you may be fined, n, or both.
Print Student's Name	Student'	s ID Numbe	or
Student's Signature (Required)	]	Date	

Date

Spouse's Signature (Optional)