



2024-25 Verification Worksheet

INDEPENDENT STUDENT – TRACKING GROUP V4

*Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to the financial aid administrator at your school.  
You should make a copy of this worksheet for your records.*

Your 2024-25 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 and your spouse (if married) reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school 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 the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Student Information

*please print*

Name \_\_\_\_\_ SAU student ID# \_\_\_\_\_  
Last First Middle Initial  
Address \_\_\_\_\_  
Street Apt. no. City State Zip  
Date of birth \_\_\_\_\_ Email address \_\_\_\_\_  
Daytime phone (include area code) \_\_\_\_\_ Alternate or cell number \_\_\_\_\_

Identity and Statement of Educational Purpose

*ONLY to be completed in person at the institution or in front of a notary*

The student must appear in person at St. Ambrose University 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 by the institution with the date it was received and reviewed and the name of the office at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Education Purpose below. *If the student cannot appear in person to sign this Statement of Educational Purpose, the student will need to provide a copy of a government issued ID and this Statement of Educational Purpose notarized by a public notary.*

Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
printed student name  
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending St. Ambrose University for 2024-25.

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
Financial aid administrator signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

### Notary's Certificate of Knowledge

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State of \_\_\_\_\_ city/county of \_\_\_\_\_ on \_\_\_\_\_

before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_  
notary name printed name of signer

and proved to me on basis of satisfactory evidence of identification \_\_\_\_\_  
type of government-issued photo ID provided

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

Notary signature \_\_\_\_\_

Date commission expires \_\_\_\_\_  
printed student name

### Certification and Signatures

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Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. The student must sign and date this form.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature (optional) \_\_\_\_\_ Date \_\_\_\_\_