



2019-2020 Verification Worksheet

Identity/Statement of Educational Purpose

Federal Student Aid Programs

Your 2019–2020 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 must ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information our staff 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 student financial services. We may ask for additional information. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

A. Student's Information

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

Student's Home Phone Number (include area code)

Student's Alternate or Cell Phone Number

B. Identity and Statement of Educational Purpose

The student must appear in person at **Trinity International University** to verify his or her identity by presenting 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 official 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 Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ (Print Student's Name) 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 **Trinity International University** for 2019-2020.

Student's Signature

Date

Student's ID Number

(if unable to appear in person, please see back side of this form).

Identity and Statement of Educational Purpose:

If the student is unable to appear in person at **Trinity International University** 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 or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and

(b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ (Print Student's Name) 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 **Trinity International University** for 2019-2020.

Student's Signature

Date

Student's ID Number

Notary's Certificate of Acknowledgement:

State of _____

City/County of _____

On _____ (Date), before me, _____ (Notary's name),

personally appeared, _____ (Name of Student), and provided 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
(seal)

Notary signature

My commission expires on _____

Date

Do not mail this worksheet to the U.S. Department of Education.

Submit this worksheet to:

Trinity International University

Student Financial Services

2065 Half Day Road

Deerfield, IL 60015

Fax: 847-317-7040

You should make a copy of this worksheet for your records.