

# Concordia University

## 2024-2025 Verification Worksheet 4

Your Free Application for Federal Student Aid (FAFSA) was selected for a review process called “verification.” In this process the Financial Aid Office will compare information you entered on your FAFSA with the information you submitted on this form. Please complete verification within **two weeks** of receiving the notification that you have been selected for verification. *Your financial aid will not be determined until all verification requirements are completed.* If the requested documentation is not returned before the end of the term, you **WILL NOT** be eligible for Federal, State, or Institutional aid.

**What to do:**

1. Complete section 1. Make sure to read all instructions as errors can delay the processing of your financial aid. **Leaving questions unanswered WILL result in an incomplete and returned form.**
2. Make arrangements to sign section 2 (Identity and Statement of Educational Purpose) in front of a Concordia Financial Aid Administrator. This requires having a valid government issued photo ID with you at the time of signing. **IF YOU ARE UNABLE TO APPEAR IN PERSON AT CONCORDIA UNIVERSITY, YOU WILL NEED TO MAKE ARRANGEMENTS TO SIGN THE VERIFICATION WORKSHEET AND A SEPARATE APPENDIX (APPENDIX A) IN FRONT OF A NOTARY. APPENDIX A CAN BE FOUND ONLINE AT: <https://www.cuw.edu/admissions/financial-aid/resources/verification-info.html>.**
3. Mail the completed verification worksheet and notarized, Appendix A to the Concordia University Financial Aid Office. **YOU MUST SUBMIT THE ORIGINAL VERIFICATION WORKSHEET – FAXES OR EMAILS WILL NOT BE ACCEPTED.**

**Section 1. Student Information**

|                         |                             |
|-------------------------|-----------------------------|
| Name: _____             | Student ID Number: F00_____ |
| Address: _____          | Date of Birth: _____        |
| City, State, Zip: _____ | Phone Number: _____         |

**Section 2. Identity and Statement of Education Purpose**

The below statement **MUST** be signed in front of a Concordia University financial aid administrator. If you are unable to appear in person at Concordia, PLEASE SEE Page 1 “What to do” #3.

**Identity and Statement of Educational Purpose (To Be Signed at the Institution)**

The student must appear in person at Concordia University to verify his or her identity by presenting an unexpired 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 receive and review the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided on the next page.

**(Continued on next page) →**

Student Name: \_\_\_\_\_ Student ID:F00\_\_\_\_\_

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this

(Print Student's Name)

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 Concordia University for 2024-2025.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**Section 3. Certification**

By signing this worksheet, I (we) certify that all the information reported above is complete and true to the best of my (our) knowledge and belief.  
(TYPED SIGNATURES OR DIGITAL SIGNATURES WILL NOT BE ACCEPTED – WET SIGNATURES ONLY.)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dependent Student's only)

**\*\*Attach a copy of unexpired government issued photo ID\*\***

**Office use only**

Verification of signature for Statement of Educational Purpose and verification of match to government issued photo ID.

\_\_\_\_\_  
Financial Aid Administrator (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Administrator (signature)