



2026-2027 V4 VERIFICATION WORKSHEET

Your Free Application for Federal Student Aid (FAFSA) was selected for a review called verification. The CAU Office of Financial Aid will confirm information from your FAFSA and your (spouse's/parent's) 2024 Federal Tax Transcripts/Return, W-2 forms and other financial documentation. According to Federal law, we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, CAU will update/adjust your FAFSA accordingly. If you have questions about verification, contact our office as soon as possible so your financial aid will not be delayed.

If you are unable to complete the IDENTITY AND STATEMENT OF EDUCATION PURPOSE (below) in person, please have the next page notarized and submit to the CAU Office of Financial Aid via US Mail to the address listed above.

STUDENT INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>Social Security Number</i>	<i>Clark Atlanta University ID Number</i>
<i>Permanent Address Street</i>		<i>City/State/Zip</i>	<i>Date of Birth</i>
<i>Cell Number (Include Area Code)</i>		<i>CAU Email Address Permanent Phone Number (Include Area Code)</i>	

IDENTITY and STATEMENT of EDUCATIONAL PURPOSE

The student must appear in person at Clark Atlanta 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 Education Purpose provided below:

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 Clark Atlanta University for 2026-2027.

_____ Student Signature	_____ Student ID Number	_____ Date
_____ Financial Aid Administrator's Signature	_____ Date	

CERTIFICATION and SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct. Warning: If you purposely give false or misleading information you may be fined, sent to prison or both.

_____ <i>Student Signature (DO NOT TYPE, we cannot process if the signature is typed)</i>	_____ <i>Date</i>
_____ <i>Parent Signature (If student is dependent) / Spouse Signature (optional) (DO NOT TYPE, we cannot process if the signature is typed)</i>	
_____ <i>Date</i>	



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Submit this page if you are unable to complete the previous statement in person. Keep a copy for your records and mail the completed ORIGINAL via US MAIL to the address listed above. WE CAN NOT PROCESS A COPY. DO NOT FAX THIS PAGE.

STUDENT INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>Social Security Number</i>	<i>Clark Atlanta University ID Number</i>
<i>Permanent Address</i>	<i>Street</i>	<i>City/State/Zip</i>	<i>Date of Birth</i>

Cell Number (Include Area Code) Permanent Phone Number (Include Area Code) Email Address **IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE**

If the student is unable to appear in person at Clark Atlanta University to verify his or her identity, the student must provide to the institution the following:

A copy of the unexpired 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 The original Statement of Educational Purpose provided below, which must be notarized.

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 Clark Atlanta University for 2026-2027.

<i>Student Signature</i>	<i>Student ID Number</i>	<i>Date</i>
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Notary's Certificate of Acknowledgment

State of _____ City/County of _____, _____
Date

before me, _____ Personally appeared, _____
Notary's Name *Printed Name of Signer*

and proved to me of the basis of satisfactory evidence of identification _____
Type of unexpired government-issued photo ID provided

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

WITNESS my hand and official seal _____ My commission expires on _____
Notary Signature *Date*

CERTIFICATION and SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct. Warning: If you purposely give false or misleading information you may be fined, sent to prison or both.

<i>Student Signature (DO NOT TYPE, we cannot process if the signature is typed)</i>	<i>Date</i>
<i>Parent Signature (If student is dependent) / Spouse Signature (optional) (DO NOT TYPE, we cannot process if the signature is typed)</i>	<i>Date</i>