

STUDENT INFORMATION

## 2022-2023 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) 2020 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.

Last Name	First Name	Social Security Number	Clark Atlanta University ID Number
Permanent Address Str	eet	City/State/Zip	Date of Birth
Cell Number (Include Ared	r Code)	Permanent Phone Number (Include Area Code	CAU Email Address
IDENTITY and ST	ATEMENT of EDUCATIONA	L PURPOSE	
government-issu The institution w received and rev	ned photo identification (ID), surill maintain a copy of the studifiewed, and the name of the of	anta University to verify his or her identity buch as, but not limited to, a driver's license, ent's photo ID that is annotated by the instificial at the institution authorized to receive nce of the institutional official, the Statemen	other state-issued ID, or passport. tution with the date it was and review the student's ID.
in addition, the s	readent must sign, in the presen	ince of the motivational official, the obtacemen	to or Education i dispose provided below.
		Statement of Educational Purpose	2
		am the individual signing this Statement of I ve will only be used for educational purpose	
Student Signatu	re	Student ID Number	Date
Financial Aid Ad	ministrator's Signature	Date	
CERTIFICATION 8	and SIGNATURE		
	ng below certifies that all of the in ation you may be fined, sent to p	nformation reported is complete andcorrect. Worison or both.	arning: If you purposely give false or
Student Signature (DO	NOT TYPE, we cannot process if the s	signature is typed)	Date
Parent Sianature (If stu	dent is dependent) / Spouse Signature (ant	tional) (DO NOT TYPE we cannot process if the signatu	re is tuned) Date



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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**

Cell Number (Include Area Code)   Permanent Phone Number (Include Area Code)   Emiliary	Last Name	First Name	Social Security Number	Clark Atlanta University ID Number
If the student is unable to appear in person at Clark Atlanta University to verify his or her identity, the student must province institution the following:  A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement 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  am the individual signing this Statement of Educational Purpose and that student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending CI University for 2022-2023.  Student Signature  State of	Permanent Address St	reet	City/State/Zip	Date of Birth
If the student is unable to appear in person at Clark Atlanta University to verify his or her identity, the student must province institution the following:  A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement 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				•
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City/County of and proved to me   Printed Name of Signer   On the basis of satisfactory evidence of identification   Type of unexpired government-issued photo IID provided to be the above-named person who signed the foregoing instrument.    WITNESS my hand and official seal Date   Notary Signature   Notary Signature	✓ The original	Statement of Educational Purpo	ose provided below, which must be notarized.	
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Student ID Number Notary's Certificate of Acknowledgement  State of				
State of	University for 2022-2	023.		
State of				
City/County of  On, before me,	Student Signature			Date
City/County of		Nota	ry's Certificate of Acknowledgement	
On, before me,		State of		
On, before me,				
Personally appeared,		City/County of		
Personally appeared,				
Personally appeared,				me
on 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  Notary Signature  My commission expires on  Date  CERTIFICATION and SIGNATURE  Each person signing below certifies that all of the information reported is complete andcorrect. Warning: If you purposely give			·	
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			ormation reported is complete andcorrect. V	Varning: If you purposely give false or
				o 100 bar basel Bire inice of
Student Signature (DO NOT TYPE, we cannot process if the signature is typed)  Date	Student Signature (DO	NOT TYPE, we cannot process if the	signature is typed)	Date