

2024-2025 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) 2022 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.

	First Name	Social Security Number	Clark Atlanta University ID Number	
Permanent Address Street		City/State/Zip	Date of Birth	
Cell Number (Include Area C	ode)	CAU Email Address Permanent Phone Number (Include Area Code)		
DENTITY and STA	TEMENT of EDUCATIONA	L PURPOSE		
The institution will and reviewed, and	ll maintain a copy of the stud I the name of the official at	such as, but not limited to, a driver's lice dent's photo ID that is annotated by the the institution authorized to receive and ence of the institutional official, the State	institution with the date it was received	
	St	tatement of Educational Purpose		
<u>.</u>	nancial assistance I may rece	_amthe individual signing this Statemer eive will only be used for educational pu	nt of Educational Purpose and that the rposes and to pay the cost of attending Clark	
	Student Signature	Student ID Nur	mber Date	
inancial Aid Administ	rator's Signature	Date		
CERTIFICATION an	d SIGNATURE	Date nformation reported is complete and correc	et Warning: If you nurnessly give false e-	

Date



Office of Financial Aid, 223 James P. Brawley Drive, SW Alanta, GA 30314 www.cau.eduPHONE: (404) 8808992 EMAIL: finaid@cau

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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 <u>ORIGINAL</u> via US MAIL to the address listed above. WE CAN NOT PROCESS A COPY. DO NOT FAX THIS PAGE.

Last Name	First Name	Social Security Number	Clark Atlanta University ID Number
Permanent Address	Street	City/State/Zip	Date of Birth
Cell Number (Include Area (ode) Permanent Phone Number (Include	le Area Code) Email Address IDENTITY AND STATEN	MENT OF EDUCATIONAL PURPOSE
	ble to appear in person at Clark	Atlanta University to verify his or her identity, t	the student mus t provide to the institution the
presented to a notary		d photo identification (ID) that is acknowledged river's license, other state-issued ID, or passpor notarized.	•
	Sta	atement of Educational Purpose	
•	0 0	ent of Educational Purpose and that the federal ne cost of attending Clark Atlanta University for	•

Notary's Certificate of Acknowledgment

State of	City/County of	
		Date
before me,	Personally appeare	ed,
Notary's Name		Printed Name of Signer
·	· · ·	of unexpired government-issued photo ID provided
To be the above-named person v	who signed the foregoing instrument.	
WITNESS my hand and official se	eal My.c	commission expires on

Notary Signature

CERTIFIC	CATION a	nd SIGI	NATURE
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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.

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