

2023 - 2024 Verification Worksheet V4

This information is required by the Department of Education. Incomplete or illegible forms will be returned to you and will prevent the completion of your financial aid award.

1. Student Information

I certify that I ___

Student's Signature/ID Number

(Print Student's Name)

Last Name	First Name	Dominican ID Number	
Permanent Address	City/ State/Zip	Date of Birth	
Home Phone Number	Cell Phone Number	Email Address	
The Studen	t Must Complete Either Statement Nu	imber 2 or Number 3:	
2. Identity and statement of Educational Purpose (to be signed at Dominican University)			
issued photo identification (ID), sinstitution will maintain a copy of	n at Dominican University to verify his or he such as, but not limited to, a driver's license, if the student's photo ID that is annotated by official at the institution authorized to colle	other state-issued ID, or passport. The the institution with the date it was received	
issued photo identification (ID), sinstitution will maintain a copy of and reviewed and the name of the	such as, but not limited to, a driver's license, f the student's photo ID that is annotated by	other state-issued ID, or passport. The the institution with the date it was received the student's ID.	

3. Identity and Statement of Educational Purpose (To Be Signed With Notary)

purposes and to pay the cost of attending Dominican University for 2023-2024.

If the student is unable to appear in person at **Dominican University** to verify his or her identity, the student must provide:

Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational

(Date)

(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport; and

____ am the individual signing this Statement of

(b) The original notarized Statement of Educational Purpose provided on the reverse side of this form.

Office of Financial Aid | 7900 W. Division St. | River Forest, IL 60305 | 708-524-6809 | 708-366-6478 Fax | finaid@dom.edu

	the student) am the individual signing this Statement of nancial assistance I may receive will only be used for educational n University for 2023-2024.
Student's Signature/I.D. Number	(Date)
Submitted In Person	Submitted By Mail
To be completed by DU Financial Aid Administrator	Notary's Certificate of Acknowledgement
ID Type:	State of:
ID Number:	County of:
ID Expiration Date:	On Date:
Rec'd By:	Before me (Notary's Name):
Signature:	Personally appeared (Printed name of signer):
Date:	, cooking appearance of the cooking
	and provided to me on the basis of satisfactory evidence of identification (Type of gov't issued photo ID provided):
	To be the above-named person who signed the foregoing instrument.
	Witness my hand and official seal
	Notary's Signature: Seal:
	Seal.
	My Commission Expires on
• 5 5	of the information on this form is complete and correct. Date:
Print Name:	Dominican ID Number:
Please note: Typed signatures are not acceptable an signature.	nd will require that this form be returned to you for an "actual"

Please use our secure transfer link to securely upload and submit documentation online. https://securetransfer.dom.edu/filedrop/financialaid