

2017-2018 VERIFICATION GUIDANCE (V-4)

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we must verify certain information you reported on your FAFSA.

HOW TO COMPLETE THIS WORKSHEET:

Complete sections A through C ONLY. Section D must be completed in one of the following ways:

- O Appear in person in our office to complete section D.
 - Bring this worksheet with a valid government-issued identification including but not limited to a driver's license, state issued ID card, military identification, or passport to complete section D in front a Financial Aid Administrator.
- O If you are unable to appear in person, please follow these steps:
 - Take this form to a notary public to complete section D. Be sure to have your ID present to sign and date this form in person. Have this document *notarized* by the notary public *AND*
 - Make a copy of a valid government-issued photo identification, including but not limited to a driver's license, state issued ID card, military identification, or passport; AND
 - Mail the completed original notarized form and the copy of your valid government issued ID to your campus' Financial Aid
 Office

HOW TO SUBMIT:

O In Person: The Pomona Financial Aid Office is located in the Student Services Center on the 2nd floor. The Lebanon Financial Aid Office is located on the 2nd floor in room 248.

O Mail: ONLY IF NOTARIZED

Pomona Campus: WesternU Financial Aid Office, 309 E. 2nd St., Pomona, CA 91766 Lebanon Campus: WesternU Financial Aid Office, 200 Mullins Drive, Lebanon, OR 97355

WE CANNOT ACCEPT EMAILED OR FAXED COPIES OF THIS WORKSHEET

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Student's Name:	ID#:	



2017-2018 Verification Worksheet CUSTOM VERIFICATION (V-4)

<u>A.</u> Independer	nt Student's Information		
Student's Last Na	ame Student's First Name	Student's M.I	Student's ID Number
Student's Progra	m and Graduating Year (e.g. DO 2	019, MSNE 2018, DPT 2018	8, etc.)
B. Verification	of Academic Completion		
Check the bo	ox that applies and submit the docu	umentation requested, if app	olicable.
☐ I have a	Bachelor's Degree (or higher), whi	ch may be verified through t	the Admissions Office.
	nave a Bachelor's Degree, but I ha ed through the Admissions Office.	ve successfully completed a	at least a two year program, which ma
	nave a Bachelor's Degree or a two nt. Please submit one of the follow		do have a high school diploma, or
	py of the student's high school dipl	_	•
O A col reco	py of the student's GED certificate py of the certificate the student rec gnizes as the equivalent of a high s native documentation, if none of the	ceived after passing a state a school diploma	GED transcript authorized examination which the stat
<u>C.</u> Signature			
	WARNING: If you purposely give falsoworksheet, you may be fined, be sent		his
I certify that a	ll of the information reported on this	application is complete and c	correct.
Student Wet	Signature	D	Pate

Note: We may require additional documentation if we have reason to believe that the information provided is inaccurate or incomplete. You should make a copy of this worksheet for your records.

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	but not limited to a driver's l		N PERSON with a valid government- D card, military identification, or passport	
Please complete the statemen	t in the box below in front of a	Financial Aid Administ	trator (or notary public):	
I certify that I	(Print Student's Name)	am the indi	vidual signing this Statement	
of Educational Purpose an	d that the Federal student	financial assistance	e I may receive will only be used	
for educational purposes a for 2017-2018.	nd to pay the cost of atten		rersity of Health Sciences econdary Educational Institution)	
Student Wet Signature			Date	
For those who cannot appear i	n person:			
	Notary's Certificate	of Acknowledger	ment	
State of	City/County of			
On (Date)	, before me,	(Notary Name	, personally appeared	
Printed Name of Signer)	, and provided	d to me on basis of satisfac	ctory evidence of identification	
(Type of Government-Issued Photo ID Provide	əd)	_ to be the above-named բ	person who signed the foregoing instrument.	
		WITNESS my hand and o	official seal.	
(seal)		(Notary Signature)		
		My commission expires o	n(Date)	
Unexpired Identification submitted:	For FA Office Use Only	<u>v</u>	Verified and FAA Access Updated by:	
☐ Driver's License ☐ State Issued Identification Cal		ard	(FA Counselor Signature)	
☐ United States Passport	☐ Other:		(Date)	
witnessed the student sign the Statement of Educational Purpose, or I have verified that an original document has been notarized. I have also collected a copy of the student's valid identification.				
(FA Admin Printed Name)	(FA Admin Signature)		Date)	

<u>D.</u> Identity & Statement of Educational Purpose (To Be Signed at WesternU – FA Office)

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