

2017-2018 Custom Verification Worksheet – V4

Complete this verification form and submit it as soon as possible. The Office of Financial Aid and Scholarships cannot award your financial aid without this information. **Please complete ALL sections of this form.**

Name: _____

Coyote ID: _____

Email: _____

Phone: _____

Section A: Student High School Completion Status Check ONE box only:

- I am attaching a copy of my High School Diploma
- I am attaching a copy of my final High School transcript which includes the date I completed High School
- I am attaching a copy of my GED Certificate or Transcript
- I am attaching a copy of my military DD214 that confirms that I am a high school graduate.
- I was home schooled and I am attaching a signed copy of my transcript or equivalent
- I have none of the above

Section B: Statement of Educational Purpose

- I am appearing in person to sign the statement below (must be signed in front of Financial Aid Office Staff).

I certify that I, _____, am the individual signing the Statement of Educational Purpose and that the federal student aid financial assistance I may receive will only be used from educational purposes while attending: California State University, San Bernardino for 2017-2018.

(Student's Signature)

(Date)

(Student's ID Number)

- I am unable to appear in person. I am attaching a notarized copy of the Identity and Statement of Educational Purpose form.

Section C: Identity Verification

- I am appearing in person with my valid government issued photo identification (driver's license, state ID or passport).
- I am attaching a notarized copy of my valid government issued photo identification (driver's license, state ID or passport) along with the Identity and Statement of Educational Purpose form.

Section D: Certification and Signatures

Each person signing this worksheet certifies that all information reported is complete and correct. If dependent, the student and one parent must sign and date.

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

V4 Custom Verification

Internal Office Use Only:

- Valid government photo ID attached with date and name of reviewing Official.

Staff Member Name _____ Date _____