

STUDENT'S INFORMATION

## 2021-22 Verification Worksheet

Identity and Statement of Educational Purpose

Your 2021-22 Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called verification. The law states that before awarding Federal Student Aid, Elmhurst University may ask you to confirm the information you, your spouse (if married) and your parents reported on your FAFSA. To verify that you provided correct information, Elmhurst University will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Attach any required documents, and submit this form and the documents to the Office of Student Financial Services at Elmhurst University. If you have questions about verification, please call 630-617-3015 as soon as possible so that your financial aid will not be delayed.

This completed form MUST be received by the Office of Student Financial Services within three weeks of receiving this notice. Failure to provide the requested information within three weeks may cause a delay in the completion of your financial aid award and a reduction or loss of specific financial aid awards. The Office of Student Financial Services cannot guarantee a timely turn-around for any information received after July 1.

Last Name	First Name	M.I.	Student's eNumber
VERIFICATION OF IDE	NTITY AND STATEMEN	T OF EDUCATION	AL PURPOSE
presenting an unexpired valid gother state-issued ID, or passpo	government-issued photo ident ort. The institution will mainta	ification (ID), such as, to in a copy of the student	ity to verify his or her identity by but not limited to, a driver's license, 's photo ID that is annotated by the the institution authorized to receive
In addition, the student must sign provided below.	gn, in the presence of the instit	nutional SFS official, the	e Statement of Educational Purpose
<u>S</u>	TATEMENT OF EDU	CATIONAL PU	RPOSE
THAT THE FEDERAL	SIGNING THIS STATE STUDENT FINANCIAI TIONAL PURPOSES A	L ASSISTANCE I I ND TO PAY THE	ATIONAL PURPOSE AND MAY RECEIVE WILL ONLY COST OF ATTENDING R.
CERTIFICATION AND SIGNATION The person signing this worksheet cer is complete and accurate to the best of	tifies that all reported information	information on federal student	you purposely give false or misleading this worksheet for the purpose of accessing aid, Elmhurst University will report your nspector General of the US Dept. of Education.
Student's Signature		 Dat	e

If you are <u>unable to appear in person</u> at Elmhurst University, please refer to the back side of this form for an alternative method of identity verification.

Student's Name:	eNumber:
If the student is unable to appear in person at Elmhurst University	to verify his or her identity, the student must provide to
the institution:	1 .'C' .' (ID) 4 .' 1 11 1' 4
<ul> <li>a) A copy of the unexpired valid government-issued photo ic statement below, or that is presented to a notary, such as, or passport; and</li> </ul>	
b) The original Statement of Educational Purpose provided by appears on a separate page than the Statement of Education Statement of Educational Purpose was the document notation.	onal Purpose, there must be a clear indication that the
STATEMENT OF EDUCA	ATIONAL PURPOSE
I CERTIFY THAT I (print name)	
AM THE INDIVDUAL SIGNING THIS STATEME	NT OF EDUCATIONAL PURPOSE AND
THAT THE FEDERAL STUDENT FINANCIAL AS	
BE USED FOR EDUCATIONAL PURPOSES AND	
ELMHURST UNIVERSITY FOR 2021-22.	TOTAL THE COST OF ATTENDING
ELMITORST UNIVERSITY FOR 2021-22.	
CERTIFICATION AND SIGNATURE	WARNING: If you purposely give false or misleading information on this worksheet for the purpose of accessing
The person signing this worksheet certifies that all reported information is complete and accurate to the best of their knowledge.	federal student aid, Elmhurst University will report your
is compete and accumate to the case of men microscope.	actions to the Inspector General of the US Dept. of Education.
Student's Signature	Date
NOTARY'S CERTIFICATE OF	ACKNOWLEDGEMENT
State of:	
County of:	
On . before me.	
On, before me,	Notary's Name
Personally appeared,	, and provided to
Personally appeared,Printed N	
me on basis of satisfactory evidence of identification	
	Type of government-issued ID provided
To be the above-named person who signed the foregoing	instrument.
WITNESS my hand and official seal:	
Notary's Signature	Date
MY COMMISSION EXPIRES ON	Seal: