



## 2023-2024 Custom Verification Worksheet – V4

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

Name: \_\_\_\_\_

Coyote ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Section A: Statement of Educational Purpose**

- I am appearing in person to sign the statement below (must be signed in front of the Office of Financial Aid and Scholarships 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 2023-2024.

\_\_\_\_\_

\_\_\_\_\_

(Student's Signature)

(Date)

- I am unable to appear in person. I am attaching a notarized copy of the Identity and Statement of Educational Purpose form. ( *Please see Notary's Certificate of Acknowledgement on last page* )

### **Section B: 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. ( *Please see Notary's Certificate of Acknowledgement on next page* )

**NOTARY CERTIFICATION (Complete only if UNABLE to submit this release in person):**

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_  
Date

before me, \_\_\_\_\_ Personally appeared \_\_\_\_\_  
Name, Title of Officer Name of Signer

[ ] Personally known to me - OR - [ ] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary or Office of Financial Aid & Scholarships Member

\_\_\_\_\_  
Staff Initial

**Section C: 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: \_\_\_\_\_

Internal Use Only:

Unexpired government issued photo ID has been verified for the student, and a copy of the photo ID has been attached. *Please* notate the type of Identification collected, the staff members' name, and the date the ID was collected on the copy.

Staff Member Name \_\_\_\_\_ Date \_\_\_\_\_