

Return to: 5500 University Parkway San Bernardino, CA 92407

University Hall Room 150

Tel: (909) 537-5227 Fax: (909) 537-7024

2019-2020 Custom Verification Worksheet - V4

	Coyote ID:		
	Phone:		
Sec	ection 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 completed High School.	e date I	
	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 I was home schooled and I am attaching a signed copy of my transcript or	r equivalent.	
	I I have none of the above.		
Sec	ection B: Statement of Educational Purpose		
	I am appearing in person to sign the statement below (must be signed in f Office of Financial Aid and Scholarships Staff).	ront of the	
	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 2019-2020.		
	(Student's Signature) (Date)		

Sec	ction 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	·				
Sec	ction D: Certification and Signatures					
Eac	Each person signing this worksheet certifies that all information reported is complete and correct.					
If de	If dependent, the student and one parent must sign and date.					
Stu	dent Signature:	Date:				
Par	rent's Signature:	Date:				
	Internal Use Only:					
] Unex	xpired government issued photo ID has been verified for	or the student.				
Staff M	ember Name	Date				

V4 Custom Verification