**Student Financial Services Office**

**420 West Main Street ∙ Danville, VA 24541**

**Phone: 1-800-AVERETT ∙ Fax: 434-791-5647**

**2022-2023 Verification Worksheet**

**Independent Student (V4)**

**Section A. Student Information – (Please enter your information in the spaces provided.)**

** P000 **

**Last Name First Name M.I. Student ID Social Security #**

** **

**Address (Include Apt. No) Date of Birth**

**  **

**City, State, Zip Code Student Phone Number Parent Phone Number**

**B. Identity/ Statement of Educational Purpose**

**\*\*NOTE:** There are more options for completing the Identity/ Statement of Educational Purpose verification.\*\*\*

**Option A:**  Requires that the student sign the Statement of Educational Purpose in the Student Financial Services Office in front of an institutional official. The student will be required to present a valid government-issued photo identification (ID) and the institutional official will collect a copy. If you are unable to visit the Student Financial Services office in person, you may choose to use Option B.

**Option B:** Allows the student to submit a copy of his or her valid government-issued photo identification (ID) to the school along with the original notarized Statement of Educational Purpose. Both Option A and Option B are included in this worksheet.

I will complete “Option A” for the Identity/ Statement of Educational Purpose.

I will complete “Option B” for the Identity/ Statement of Educational Purpose.

**B. Option A- Identity and Statement of Educational Purpose (To Be Signed at the Institution)**

The student must appear in person at **Averett University** to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, or other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to receive and review the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I  am the individual signing this Statement of Educational

**(Print Student’s Name)**

Purpose and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending **Averett University** for 2022-2023.

**(Name of Postsecondary Educational Institution)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Financial Services Counselor Signature Date**

**\*\*\*WARNING: If you purposely give false or misleading information on this worksheet,**

**you may be fined, sent to prison or both. \*\*\***

Student Name:  Student ID: P000 Independent (V4)

**B. Option B- Identity and Statement of Educational Purpose (To Be Signed with Notary)**

If the student is unable to appear in person at **Averett University** to verify his or her identity, the student must provide the institution:

1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver’s license, other state-issued ID or passport and,
2. The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that I  am the individual signing this Statement of Educational

**(Print Student’s Name**)

Purpose and that the federal student financial assistance that I may receive will only be used for educational purposes and to pay for the cost of attending **Averett University** for 2022-2023.

(Name of Postsecondary Education)

**Notary’s Certificate of Acknowledgment**

State of  County of 

On , before me, personally appeared, ,

**Date Notary’s Name Printed Name of Signer**

and proved to me on the basis of satisfactory evidence of identification 

**Type of government-issued photo ID provided**

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Signature**

My commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

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Student Name:  Student ID: P000 Independent (V4)

**C. Certification and Signature**

Each person signing below certifies that all of the in-formation reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. Each person also understands that if any of the information reported on this form is inconsistent with what has been reported on the FAFSA, additional documentation may be required.

 P000

Print Student’s Name Student ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature **(Required)** Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Signature **(Optional)** Date

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