

Office of Student Financial Aid 600 S. Paulina St. Suite 440 | Chicago, IL 60612 Telephone: 312-942-6256 | financial_aid@rush.edu

2024-2025 Custom Verification Worksheet

Student First Name:	Student ID #:
Student Last Name:	<u>—</u>
Student Financial Aid sees a discrepancy, I understand	tion reported is complete and correct. If during the review process, the Office of that corrections to my FAFSA will be submitted directly to the U.S. Department ctions may also result in an adjustment to my financial aid package that I have
Please print and sign the completed form.	
Student Signature:	Date:
FOR OFFICE USE ONLY:	the design out in groups and groups about a set the fellowing design out
(Identification must be an unexpired document):	the document in person, and presented one of the following documents
Date document presented and reviewed:	
Valid Driver's license, OR	Valid State ID, OR Valid Passport
Financial Aid Officer's Printed Name	Financial Aid Officer's Signature

Student Name:	StudentID #:
A. DOCUMENTATION OF IDENTITY/ STATEMENT OF EDU	CATIONAL PURPOSE
Identity and Statement of Edu (To Be Signed at the In	
(10 be signed at the in	stitution
The student must appear in person at	to
(Name of Postsecon	dary Educational Institution)
verify his or her identity by presenting an unexpired valid govern not limited to, a driver's license, other state-issued ID, or passpo student's photo ID that is annotated by the institution with the d of the official at the institution authorized to receive and review	rt. The institution will maintain a copy of the ate it was received and reviewed, and the name
In addition, the student must sign, in the presence of the institut Purpose provided below.	ional official, the Statement of Educational
Identity and Statement of Edu	cational Purpose
(To Be Signed in the Present	ce of a Notary)
If the student is unable to appear in person at	
Name of Postsecond	lary Educational Institution)
to verify his or her identity, the student must provide to the insti	
(a) A copy of the unexpired valid government-issued photo notary statement below, or that is presented to a notary, such as	, ,

issued ID, or passport; and

Student Name:	StudentID #:
DOCUMENTATION OF IDENTITY AND STATEMENT OF FD	IICATIONAL PURPOSE (Continued from previous page)

	Statement of Educational Purpose
I certify that I(Print Student's Na	am the individual signing
	se and that the Federal student financial assistance ducational purposes and to pay the cost of attending for 2024–2025.
(Name of Postsecondary Ed	
(Student's Signature)	(Date)
(Student's ID Number)	
	Notary's Certificate of Acknowledgement Notary's certification may vary by State
State of	
City/County of	
On, before	me,, (Notary's name)
(Date)	(Notary's name)
personally appeared,(Printed n	ame of signer)
on the basis of satisfactory evidence	of identification (Type of unexpired government-issued photo ID provided)
to be the above-named person who	
WITNESS my hand and official seal	
(seal)	
(Notary signature)	
My commission expires on(Date)