



2022-2023 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 2022-2023.

(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

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 _____

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