ELON UNIVERSITY

Office of Financial Aid
2725 Campus Box
Elon, NC 27244
(P) 336-278-7640 (F) 336-278-7639

2024 – 2025 Verification Worksheet - Group 4

Do not submit this form by email. It contains personally identifiable information. Please fax or mail to the address listed above.

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called *verification*. You and one parent *(if dependent)* must complete and sign this worksheet, attach any required documents, and submit the form along with any other additional information required by the Financial Aid Office.

A. Student's Information

Last Name:_____ First Name:_____ MI: _____

Elon ID:_____ SSN (last 4 digits):_____ Date of Birth: _____

B. Dependency Status

☐ **Dependent-** *A student is considered dependent if he/she was required to provide parental data on the FAFSA*

☐ **Independent-** *A student is considered independent if he/she was not required to provide parental data on the FAFSA*

C. Identity and Statement of Educational Purpose

Please submit an unexpired valid U.S. government-issued photo identification (ID), including but not limited to a driver's license, other state-issued ID, or passport <u>in person</u> to a staff member of Elon University or a Notary Public. A copy will be made of the ID for the student's file that is annotated with the date, name and signature of the person viewing the original document. ***(Please note that military and student IDs are not acceptable forms of identification.)***

<u>Statement of Educational Purpose</u> - *must be signed in person before an Elon University staff member or a Notary Public*

I certify that I_____(print name) **am the individual signing this Statement of Educational Purpose and that the Federal student assistance I may receive will only be used for educational purposes and to pay the cost of attending Elon University for 2024-2025.**

_____
Student Signature *(must be signed in ink)* Date

_____ _____
Signature of Witness *(must be signed in ink)* Date **NOTARY STAMP** *(if applicable)* **Date**

If the statement is notarized, then the original notarized statement and signed copy of the ID must be mailed to the Financial Aid Office at Elon University.

D. Sign this Worksheet

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury. Please sign with a pen. Typed names are not valid signatures.

_____ _____
Student Signature *(must be signed in ink)* Date **Parent Signature** *(if dependent) (must be signed in ink)* Date