

2023-2024 Customized Verification Worksheet Dependent Student

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VCUD04

Your 2023-2024 FAFSA was selected for verification by the Dept. of Education, requiring us to confirm your identity via photo identification. You are required to complete the verification process in order to receive financial aid. The Office of Financial Assistance may request additional information or documents in order to complete verification. Please respond with all documentation within 14 days. More information is available at <code>uiw.edu/finaid</code>.

| Student Name | Student ID | Student Phone Number (include area code) | |
|--|-----------------------------------|---|--|
| Indicate which option yo | ou will choose to verify your i | identity and complete your statement of educational purpose: | |
| ☐ OPTION 1: In Per | rson at the UIW Office of Fi | inancial Assistance (see below) | |
| ☐ OPTION 2: Remote using a notary (skip to page 2) Cannot be accepted via fax, email, or online submission. Zoom meeting with UIW Financial Assistance Advisor will also be required for remote option. | | | |
| OPTION 1: IN PERSO Identity and Statement | | o be signed at the UIW OFA) | |
| verify his/her identity by | | Financial Assistance at the University of the Incarnate Word to ent-issued photo identification (ID), such as, but not limited to, | |
| name of the official at th | | who in that is annotated with the date it was received and the left the student's ID. In addition, the student must sign, in the www. | |
| Step 1: Statement of Ed | ducational Purpose | | |
| I certify that I, | (Print Student's Name) | am the individual signing this Statement of Educational | |
| Purpose and that the fede | eral student financial assistance | ce I receive will only be used for educational purposes and rnate Word for the 2023-2024 academic year. | |
| Student's Signature: _ | | Date: | |
| UIW Official's Signatu | ıre: | Date: | |
| Step 2: Certification an | nd Signature | | |
| | | et is complete and accurate. I understand if I purposely give nay be fined, sentenced to jail, or both. | |
| Student Signature (Rec | quired) | Date (Required) | |
| For UIW Office of Finance | cial Assistance Use Only: | | |
| ☐ Obtained a copy of v | valid government-issued photo ID |) | |
| ☐ Annotated date received and name of UIW official on copy of photo ID | | | |

OPTION 2: REMOTE

Identity and Statement of Educational Purpose (must include notary signature)

If the student <u>is unable to appear in person</u> at the University of the Incarnate Word to verify his/her identity, the student must provide a copy of a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport that is acknowledged in the notary statement below. The copy must be presented to the notary at the same time the statement below is signed.

- Students needing to complete the Customized Verification Worksheet remotely must submit the form by mail with original signature; cannot be accepted via fax, email, or online submission.
- The UIW Office of Financial Assistance will reach out to the student via email once the worksheet is received to schedule a Zoom appointment.

| Step 1: Statement of Educational Purpose | | | |
|--|--------|--|--|
| I certify that I, am the individual signing this Statement of F (Print Student's Name) Purpose and that the federal student financial assistance I receive will only be used for educational put to pay the cost of attending the University of the Incarnate Word for the 2023-2024 academic year. | | | |
| Student's Signature: Date: | | | |
| Step 2: Notary's Certificate of Acknowledgement | | | |
| Notary's Certificate of Acknowledgement | | | |
| State ofCity/County of | | | |
| On (date), before me,, (Notary's name) | | | |
| personally appearedand provided to me on bas (Printed name of student) | sis of | | |
| satisfactory evidence of identification (Indicate type of government-issued photo ID (e.g., driver's license, passport)) | | | |
| The identification number listed on the ID is | | | |
| Witness my hand and official seal (SEAL) | | | |
| Printed name: | | | |
| My commission expires on (date) | | | |
| | | | |
| Step 3: Certification and Signature | | | |
| I certify that all information reported on this worksheet is complete and accurate. I understand if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to jail, or both. | | | |
| Student Signature (Required) Date (Required) | | | |