SHAW UNIVERSITY 1865

Office *of* Financial Aid

V4 – CUSTOM VERIFICATION – IN PERSON
2023-2024 INDEPENDENT VERIFICATION WORKSHEET

Your application was selected for review in a process called "Verification". Verification is mandated by the U. S. Department of Education and requires schools to gather additional documentation to check the accuracy of information submitted on the FAFSA.

Section A: Information about You

Print the information requested below:

_____ _____
Student's Last Name First Name MI Student ID / SSN#

_____ _____
Student's Street Address (include Apt. No) Student's Home Phone # / Student's Cell Phone#

_____ _____
City State Zip Email address

Section B: High School Completion Verification

The US Department of Education now requires verification of High School completion. Verification of this status may include one of the following:

☐**High School Diploma**
☐**Final High School Transcript**
☐**GED Certificate/Transcript**
☐**Academic Transcript from Community College**
☐**Home School Verification**

Section C: Identity and Statement of Educational Purpose (To Be Signed at SHAW)

Must be signed in Person at Shaw University

The student must appear in person at the Office of Financial Aid *(George C. Debnam Building)* on the campus of **SHAW UNIVERSITY** to verify his or her identity by presenting a valid (unexpired) government–issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Student's Full Name (FML) _____ Student ID#_____

Statement of Educational Purpose

I certify that I, _____, am the individual signing
(Student's Full Name)
this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **SHAW UNIVERSITY** for 2023-24.

_____ _____
Student's Signature ID# Date

Section D: Certification Statement and Signatures

Each person signing this worksheet certifies that all the information reported is complete and correct. **Student and at least one parent must sign.**
WARNING: If you purposely give false or misleading information, you may be fined, be sent to prison, or both.

X_____
Print Student's Name ID#

X_____
Student's Signature (Required) Date

Return completed form and all requested documents to:
Office of Financial Aid
118 East South Street, Raleigh, North Carolina 27601
Fax: 919/546-8849/8356

**********Financial Aid Office Use Only**********

_____ _____
Financial Aid Administrator's Signature **Date**