## 2024–2025 Hollins University Verification Form Independent Student

Your 2024–2025 FAFSA was selected by the U.S. Department of Education for review in a process called *verification*. The law states that we should confirm some information you reported on your FAFSA before awarding federal student aid. To verify that you provided correct information, we will compare your FAFSA with the information on this verification worksheet and with any other required documents. If there are differences, your FAFSA may need to be corrected. You must complete and sign this verification worksheet, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

	First Name	M.I.	Student's Social Security Number
Student's Permanent Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Cell Phone Number
The student must government-issue passport. The inst it was received an student's ID.	appear in person at H ed photo identification titution will maintain and reviewed and the natural titudent must sign, in the	follins University to value (ID), such as, but no a copy of the student arme of the official at the presence of the instance.	Be Signed at the Institution) erify his or her identity by presenting an unexpired valid t limited to, a driver's license, other state-issued ID, or s photo ID that is annotated by the institution with the di the institution authorized to receive and review the itutional official, the Statement of Educational Purpose
	Stat	ement of Educat	ional Purpose
	(Print Student's Na	ame)	individual signing this Statement of Educational Purpose
		assistance I may rece	ive will only be used for educational purposes and to pay
	eral student financial a	essistance I may rece	for 2024-2025.

## B2. Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Hollins University to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

## **Statement of Educational Purpose**

	I certify that I	am the individual signing this Statement of Educational Purpose
	(Print Stu	am the individual signing this Statement of Educational Purpose dent's Name)
		financial assistance I may receive will only be used for educational purposes and to page
	the cost of attending	Name of Postsecondary Educational Institution) for 2024-2025.
	(1	Name of Postsecondary Educational Institution)
	(Student's Signature)	(Date)
	(Student's ID Number)	
		Notary's Certificate of Acknowledgement
State of		
City/Co	unty of	
On	, before	me,,
	(Date)	(Notary's name)
persona	lly appeared,	, and proved to me on
	(Printed na	ame of signer)
the basi	s of satisfactory evidence of i	dentification
		(Type of unexpired government-issued photo ID provided)
to be the	e above-named person who si	gned the foregoing instrument.
WITN	ESS my hand and official	seal
	(seal)	
		(Notary signature)
Му соі	nmission expires on	(Date)
		(Daw)

## C. CERTIFICATION AND SIGNATURE

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.
Student's Name	Hollins ID Number
Student's Signature (Required)	Date
Spouse's Signature (Optional)	Date

Submit this worksheet to the Financial Aid Office at Hollins University.