

#### FINANCIAL AID OFFICE

600 Forbes Avenue Pittsburgh, PA 15282-0299 Phone: 412-396-6607 Fax: 412-396-5284 duq.edu/admissions-and-aid

# 2024-2025 V4 Verification Worksheet

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for a review process called verification. To verify that you provided correct information on your FAFSA, Duquesne University will compare your FAFSA information to this worksheet and with any other required documentation. If there are differences, your FAFSA information may require correction which may result in a re-calculation of federal aid.

Verification must be completed and processed to meet disbursement eligibility for some financial aid programs. This form, 2022 Tax Information, and other required documentation must be submitted to the Duquesne University Financial Aid Office at your earliest convenience. If you have any questions regarding the completion of this document, please contact the financial aid office.

Note: If your FAFSA required parental information, then you are classified as a Dependent Student and you MUST complete the parental portions of this worksheet & parent signature is required.

A. Student's Inf	ormation		
Last Name	First Name	MI	SSN or ID Number
Student's Street Address (include apt. no.)			Date of Birth
City	State	Zip Code	Email Address
Student's Home Phone Number (include area code)			Cell Phone Number
B. Identity and	Statement of Educational Pu	ırpose (To Be Signed a	t the Institution)

The student must appear in person at Duquesne University to verify his or her identity by presenting an unexpired valid 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

## **Statement of Educational Purpose**

	Certify that  (Print Student's Name)		
	pose and that the federal student financial assistance I may receive will only be used for educational purposes and to		
	pay the cost of attending Duquesne University for 2024-20	025.	
	Student's Signature		
	Student's signature	Date	
	Student's ID Number		
	Financial Aid Representative	Date	
<u>c.</u>	Certification and Signatures		
	Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The stude and one parent whose information was reported on the FAFSA must sign and date. WARNING: If you purposely give falsor misleading Information on this worksheet, you may be fined, be sentenced to jail or both.		
	Student's Signature	Date	
	Parent's Signature (Dependent Students Only)	Date	

## D. Notary Certificate of Acknowledgement

If the student is unable to appear in person at Duquesne University's Financial Aid Office to verify his or her identity and sign the above worksheet, the student must provide:

- (a) A copy of the valid government issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited toa driver's license, other state issued ID, or passport; and
- (b) The original notarized Statement of Education Purpose that is provided below.

### **Statement of Educational Purpose**

I certify that I(Print Student's Name)	am the individual signing this Statement of			
Educational Purpose and that the Federal Financial Assistant that I may receive will only be used for educational purposes and to pay the cost of attending Duquesne University.				
(Student's Signature)	(Date)			
	cate of Acknowledgement			
State of:	<u></u>			
City/County of:				
On, before me (Date)	,, personally (Notary's Name)			
appeared,(Printed Name of Signer)	, and provided to me on basis of satisfactory evidence of			
identification(Type of government-issued photo II	to be the above-named person who signed the D provided)			
foregoing instrument.				
Witness my hand and official seal(Seal)	(Notary Signature)			
My commission expires on(Date)				