

2024-2025 Identity/Statement of Educational Purpose  
Verification Worksheet  
Federal Student Aid Programs

Your **2024-2025** Free Application for Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Office of Financial Aid. We may ask for additional information. If you have any questions about verification, contact us at (934) 420-2578 as soon as possible so that your financial aid will not be delayed.

**A. STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ RAM ID \_\_\_\_\_

Birth Date \_\_\_\_\_

**\*\*\*Processing of your aid has stopped until this form and documents requested are returned.\*\*\***

You have **TWO OPTIONS** to verify your Identity/Statement of Educational Purpose:

**Option #1** – You must appear in person at the Office of Financial Aid in Laffin Hall to verify your identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport.

**Option #2** – If you are unable to appear in person, you must mail in this notarized worksheet along with the following documentation: **A copy of a valid government-issued photo identification, such as but not limited to a driver's license, non-driver's license, military identification or passport.**

**STATEMENT OF CERTIFICATION**

**Option #1 and Option #2 - Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
(Print Student's Name)  
that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Farmingdale State College for **2024-2025**.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

**FA Office Use ONLY** - Type of Approved Identity Presented \_\_\_\_\_ FA Administrator \_\_\_\_\_

**Option #2 - Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provided to me on basis of satisfactory  
(Printed name of signer)  
evidence of identification \_\_\_\_\_ to be the above-named person who signed the  
(Type of government-issued photo ID provided)

foregoing instrument.

**WITNESS my hand and official seal**

(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

Mailing address-Farmingdale State College- Office of Financial Aid, 2350 Broadhollow Rd., Farmingdale, NY 11735.  
Campus Location - Laffin Hall Rm 324 Telephone-(934) 420-2578 Fax-(934) 420-3662