DOMINICAN UNIVERSITY *of* **CALIFORNIA**

Office of Financial Aid
Telephone: (416) 257-1350
Fax: (416) 485-3294

50 Acacia Avenue, San Rafael, CA 94901-2298
Email: finaid@dominican.edu
Web site: www.dominican.edu/financialaid

2023-24 Dependent Custom Verification Worksheet

_____   _____

Student Last Name   First Name   Middle Initial   Dominican Student ID Number

_____   _____

Street Address   City   State   Zip   Phone Number

Your 2023-24 Free Application for Federal Student Aid (FAFSA) was selected for verification, a process in which the Office of Financial Aid must obtain documentation from you to determine eligibility for aid.

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 Dominican University of California for 2023-24.

_____   _____   _____

Student Signature   Date   Student ID Number

Notary's Certification of Acknowledgement
To be completed by a notary if the student is unable to appear in person at Dominican University of California.

State of _____ City/County of _____ on _____,
                                                                                                (Date)

before me, _____, personally appeared, _____,
                     (Printed Notary's name)   *(Printed name of signer)*

and proved to me on basis of satisfactory evidence of identification _____
to be the above-named person who signed the foregoing instrument.   *(Type of government-issued photo ID provided)*

WITNESS my hand and official seal

_____
                                                                                (Notary signature)

My commission expires on _____
                     (Seal)   (*Date*)

CERTIFICATION – *To be completed by the student and one parent whose information was reported on the FAFSA*. *The following signatures certify that all the information reported on this worksheet is complete and correct.* WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

_____   _____

Student Signature (required)   Date

_____   _____

Parent Signature (required)   Date

Identity and Statement of Educational Purpose Instructions
Please review this <u>entire section</u> prior to completion as there are very specific steps that must be followed.

The student must appear **in person** at Dominican University of California in the Office of Financial Aid to verify their 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. If the student is unable to appear in person at Dominican University of California to verify their 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, 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, 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.