

Student Financial Services 2018-2019 Custom Verification Group - V4



Please return Verification Worksheet and all supporting documentation by mail or e-mail (see below).

Mailing Address:
12 East 53rd Street
New York, NY 1002
Attn: Student Financial Services

Phone: 212-752-1530 Ext.389
E-mail: sfs@LIMCollege.edu

DO NOT USE
WHITE-OUT ON
THIS FORM!

What is Verification? It is a federal requirement that the Financial aid office review and confirm the accuracy of the information submitted on the FAFSA. The college financial aid office may not process requests or disburse federal student aid until the verification process is complete. Financial aid administrators have the right to ask for any documentation necessary to complete verification.

Student Information

Last Name	First Name	Middle Initial	
Social Security Number	Student ID Number	Date of Birth	
Address	City	State	Zip Code
Home Phone Number	Cell Phone Number		

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Section 1.—Identity and Statement of Educational Purpose

If the student is unable to appear in person at _____ **LIM College** _____ to verify his or her identity, the student must provide:
(Name of Postsecondary Educational Institution)

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

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the Federal
(Print Student's Name)
student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **LIM College** _____
for 2015-2016.

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

Notary's certification may vary by State

State of _____ City/County of _____

On _____, before me, _____, personally appeared

(Date)

(Notary's name),

_____, and proved to me on basis of satisfactory evidence of identification

(Printed name of signer)

_____ to be the above-named person who signed the foregoing instrument.

(Type of government-issued photo ID provided)

WITNESS my hand and official seal _____ My commission expires on _____

(Notary signature)

(Date)

(SEAL)

Institutional Verification by the Office of Student Financial Services (If student comes in person)

(SFS Administrator Name & Signature)

(Date)

Section 4.—Certification

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature

Date

Student Name (Print)

Student ID Number

Parent Signature (If student is dependent)/ Spouse Signature (If student is married)

Date