2026-2027 Verification Worksheet V4

Your application was selected by the U.S. Dept. of Education for review in a process called "Verification". You must submit this verification worksheet (which needs to be completed in person at Sacred Heart or in the presence of a notary) along with a copy of an unexpired valid government-issued photo identification.

Student's Name (First, Last)			SHU Student ID #
Street Address			
City	State	Zip Code	Date of Birth
Student's Email Address			Student's Primary Phone #
If there are differences between	on vour applicatio	n and the decument	way'ya submittad sarrastian may ba
needed. We cannot process yo documentation within 15 days Warning: If you purposely giv	our federal aid unt of starting schoo	il verification has be I or the start of your	s you've submitted, correction may be en completed. Please provide the requir next academic year as applicable. his worksheet, you may be fined,
needed. We cannot process yo documentation within 15 days Warning: If you purposely giv sentenced to jail, or both.	our federal aid unt of starting schoo	il verification has be I or the start of your	en completed. Please provide the requir next academic year as applicable.
needed. We cannot process yo documentation within 15 days Warning: If you purposely giv sentenced to jail, or both. Certification and Signature By signing this worksheet, you	our federal aid unt of starting schoo e false or mislead	il verification has be I or the start of your ing information on t	en completed. Please provide the requir next academic year as applicable.
needed. We cannot process yo documentation within 15 days Warning: If you purposely giv sentenced to jail, or both. Certification and Signature	our federal aid unt of starting schoo e false or mislead	il verification has be I or the start of your ing information on t	en completed. Please provide the requir next academic year as applicable. his worksheet, you may be fined,
needed. We cannot process yo documentation within 15 days Warning: If you purposely giv sentenced to jail, or both. Certification and Signature By signing this worksheet, you	our federal aid unt of starting schoo e false or mislead	il verification has be I or the start of your ing information on t	en completed. Please provide the requir next academic year as applicable. his worksheet, you may be fined,

Student ID:_____

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Student Name:____



B: Identity and Statement of Educational Purpose

Student Name:_____

The student must appear in person at Sacred Heart 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 following:

I certify that I am the individual signing				
Statement of Educational Purpose and that the Federal student financial assistance I may receive				
used for educational purposes and to pa	ay the cost of attending Sacred Heart University for 2026-2027.			
Student's Signature	Date			
*h * - d * : * b * * *				
	n at Sacred Heart University to verify their identity, the student may have a eir identity. They must provide one of the forms of identification listed above			
•	f this identification to Sacred Heart University along with the above original			
atement of educational purpose signed a	, , , , , , , , , , , , , , , , , , ,			
Notary's Certificate of Acknowledgeme	nt			
Notary's Certificate of Acknowledgeme State of	cnt City/County of:			
State of	City/County of:			
On, before me,	City/County of:, personally			
On, before me,	City/County of:, personally, and provided to me on basis of satisfactory			
On, before me,	City/County of:, personally			
On, before me,	City/County of:, personally, and provided to me on basis of satisfactory			
On, before me, appeared, evidence of identification	City/County of:, personally, and provided to me on basis of satisfactory to be the above-named person who signed			
On, before me, appeared, evidence of identification the foregoing instrument.	City/County of:, personally, and provided to me on basis of satisfactory to be the above-named person who signed			
State of, before me, On, before me, appeared, evidence of identification the foregoing instrument. WITNESS my hand and official seal	City/County of:, personally, and provided to me on basis of satisfactory to be the above-named person who signed			
State of, before me, On, before me, appeared, evidence of identification the foregoing instrument. WITNESS my hand and official seal	City/County of:, personally, and provided to me on basis of satisfactory to be the above-named person who signed			
State of, before me, On, before me, appeared, evidence of identification the foregoing instrument. WITNESS my hand and official seal	City/County of:, personally, and provided to me on basis of satisfactory to be the above-named person who signed			

Student ID:_____

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For Financial Aid Office Use Only

203-371-7980 (phone)	203-365-7608 (secure fax)	
, secure fax, mail, or in-ր	person as it contains personally identifi	abl
	Date	
	office of Student Financia , secure fax, mail, or in-p	Date Office of Student Financial Assistance ONLY via SHUAwards (Me , secure fax, mail, or in-person as it contains personally identifications (Me) 203-371-7980 (phone) 203-365-7608 (secure fax)

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