



2024-2025 Custom Verification Worksheet

Student Information

Last: _____ First: _____ MI: _____

Last 4 digits of SSN: _____ Phone Number: () - _____

Email: _____

Certifications and Signatures

- Each person signing below certifies that all of the information reported is complete and correct.
- The student and one parent (if student is dependent) whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Print Student Name

Student Signature

Date

Parent Signature (Dependent Students)

Date



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Identity/Statement of Educational Purpose

The student must appear in person at Blessing-Rieman College of Nursing & Health Sciences 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. **NOTARY NEEDED ONLY IF SUBMITTING BY MAIL.**

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Blessing-Rieman College of Nursing & Health Sciences for 2024-2025.

Student Signature

Date

Student ID

Notary's Certificate of Acknowledgement

Subscribed and sworn before me, this _____ day of _____,

a Notary Public, in and for _____ County, State of

_____ on basis of satisfactory evidence of

identification _____ to be the above-named

(Type of government-issued photo ID provided)

person who signed the foregoing instrument.

Notary's Signature

My Commission expires on _____, _____.

WITNESS my hand and official
seal