



2026-2027 Custom Verification Worksheet (V4)

***This information is required by the Department of Education.
Incomplete or illegible forms will be returned and delay the completion of your award.***

Student Information

| | | |
|-------------------|-------------------|---------------|
| Student's Name | Student ID | |
| Permanent Address | City/State/Zip | Date of Birth |
| Home Phone Number | Cell Phone Number | Student Email |

Certification Statement

By signing below, I certify that:

- If I withdraw from class or reduce my course load, I must notify the Financial Aid Office, and understand that my aid may be **REDUCED** or **CANCELED**, and I may be responsible for repaying any federal funds.
- I understand that my aid will be disbursed based on my certified enrollment status and may be different from my award letter. Withdraws or hours enrolled in at the time the award letter was written will not be considered to determine final aid disbursement.
- I understand and will use any federal funds received under the Title IV financial aid programs or Federal Student Loans this award year solely for expenses related to my attendance at Dominican University.
- I understand that to be eligible for and to receive Federal Student Aid, I must be in a degree-seeking program at Dominican University and only coursework directly applicable to my declared major at DU is eligible for Federal Student Aid.
- I have read and will comply with the information included in the DU Student Rights and Responsibilities.

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

| | |
|---|---------------------|
| Print Student's Name | Student's ID Number |
| Student's Signature | Date |
| Parent's Signature (Dependent Students Only) | Date |

Identity and Statement of Educational Purpose

This portion of the form cannot be signed or faxed.

(To Be Signed at the Dominican University Financial Aid Office)

The student must appear in person at Dominican 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 Statement of Educational Purpose provided below.

Attention:

If you are unable to appear in person at the Dominican University Financial Aid office, please see the next page.

Statement of Educational Purpose

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

this 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 Dominican University for 2025–2026.

Student's Signature

Date

Student's ID Number

Financial Aid Specialist Signature

Date

Identification and Statement of Educational Purpose

This portion of the form cannot be scanned or faxed.

(To Be Signed by Notary)

If the student is unable to appear in person at Dominican University to verify his or her identity, the student must provide to the institution:

1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport;

AND

2. The original Statement of Educational Purpose provided below, 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.

Statement of Educational Purpose

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

this 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 Dominican University for 2025–2026.

Student's Signature

Date

Student's ID Number

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____
(Date) (Notary's Name)

personally appeared, _____, and proved to me
(Printed Name of Signer)

on the basis of satisfactory evidence of identification _____
(Type of Gov't-Issued ID)

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

WITNESS my hand and official seal

(seal)

(Notary Signature)

My commission expires on _____