

DVFV4

2025-2026 Verification of Identity/Statement of Educational Purpose

Your Free Application for Federal Student Aid (FAFSA) has been selected for a process called verification. Federal law requires that an institution verify certain information that has been listed within the FAFSA before federal aid can be disbursed. To complete the verification process, the financial aid office will compare the information listed on your FAFSA to the information listed on this worksheet along with other documents submitted. If there are differences, your FAFSA information will need to be corrected. Please complete this worksheet, sign, and submit to the Office of Financial Assistance and Veteran's Affairs as soon as possible to prevent any delays in the disbursement of your aid.

A. Student Information			
Print: Last Name, First Name, M.I.		— CofC II)
D D	/C4-4444	1 D	
B. Documentation of Identity	Statement of Education	onai Purpose	
In order to complete the Verification proces government issued ID (such as a driver's lic financial aid administrator. Your financial a maintaining a copy of your photo ID and by	eense, passport, etc.) and this veri id administrator will need to vali	fication worksheet to an institudate the statement below at the	tionally authorized time of submission by
this worksheet, you will need to provide	e a copy of your government i	ssued ID and this workshee	<mark>et notarized by a public</mark>
<mark>notary.</mark>			
Statement of Educational Purpose I certify that I	rint student's name		igning this Statement of acational purposes and to
pay the cost of attending the College of Cha	rleston.		
Student's Signature and Date	Financia	Financial Aid Administrator Signature and Date	
Notary's Certificate of Knowle	<mark>dge</mark>		
State of	City/County of	on	
Before me	personally appeared		
print notary's name		print name of signer	
And provided to me on basis of satisf	actory evidence of identification_	government-issued ID. Do	NOT use military ID
To be the above named person who si	igned the foregoing instrument,	3	,
Witness my hand and official seal			
	notary signature	date commission expires	seal

C. Sign This Worksheet

By signing this worksheet, we certify that all the	e information reported on	this worksheet is complete and correct.
Student Note: Electronic signatures are NOT acceptable.	Date	Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
Parent (must sign) Note: Electronic signatures are NOT acceptable.	Date	

Sign and date this worksheet and all required documents. One completed, mail to address below or submit to our office in person. Fax or email are not acceptable.

Office of Financial Assistance and Veteran Affairs 66 George Street Charleston, SC 29424

Rev 02/20/2025