

IVFV4

2024-2025 Verification of High School Completion, Identity/ Statement of Educational Purpose

Your 2024–2025 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 ID _____

B. Documentation of Identity/Statement of Educational Purpose

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver’s license, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date below. **If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a public notary.**

Statement of Educational Purpose

I certify that I _____ am the individual signing 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 the College of Charleston.
print student’s name

Student’s Signature and Date

Financial Aid Administrator Signature and Date

Notary’s Certificate of Knowledge

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 satisfactory evidence of identification _____
government-issued ID. Do NOT use military ID

To be the above named person who signed the foregoing instrument,

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 information reported on this worksheet is complete and correct.

Student

Date

Note: Electronic signatures are NOT acceptable.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Spouse if applicable

Date

Note: Electronic signatures are NOT acceptable.

Sign and date this worksheet and all required documents. You may submit the worksheet along with all required forms to:

Office of Financial Assistance and Veteran Affairs
66 George Street Charleston, SC 29424
P:843.953.5540 F:843.953.7192
Email: financialaid@cofc.edu