

Your Free Application for Federal Student Aid (FAFSA) has been selected for federal or institutional verification. This process confirms the information that you and your parent reported on the FAFSA. If there is any conflicting information, your FAFSA will be corrected by our office. You and at least one parent must complete and sign this worksheet. Our office may request additional information. Submit this form along with other required documents to the Office of Student Financial Services. Completion and submission of this document provides the Office of Student Financial Services with permission to make corrections to your FAFSA in accordance with Federal Department of Education verification regulations. If you have questions about verification, please contact our office by phone at 610-409-3600 or by email at [financialaid@ursinus.edu](mailto:financialaid@ursinus.edu).

**Step 1: Student Information**

_____	_____
Student Name	Ursinus ID
_____	_____
Permanent Address	Date of Birth
_____	_____
City State Zip Code	Phone Number
_____	_____
Year in College (freshman, sophomore, junior, senior)	Email Address

**Step 2: Identity and Statement of Educational Purpose**

**Option 1: To be signed at Ursinus College**

The student must appear in person at **Ursinus College** 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.

**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 **Ursinus College** for 2023-2024.

_____	_____
(Student’s Signature)	(Date)
_____	
(Student’s ID Number)	

**Option 2: To be signed in the presence of a notary ONLY if you are unable to appear in person at Ursinus College**

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

- (a) 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
- (b) 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 attending **Ursinus College** for 2023-2024.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID Number)

**Notary's Certificate of Acknowledgement**

*Notary's certification may vary by State*

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,

(Date)

(Notary's name)

personally appeared, \_\_\_\_\_, and proved to me

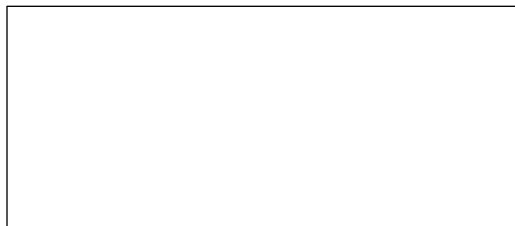
(Printed name of signer)

on the basis of satisfactory evidence of identification \_\_\_\_\_

(Type of unexpired government-issued photo ID provided)

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

**WITNESS my hand and official seal**



(Seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_

(Date)

**Step 3: Certifications and Signatures**

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.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please return this form and all appropriate documentation to:**

Ursinus College  
Office of Student Financial Services  
601 E. Main St.  
Collegeville, PA 19426  
Fax: 610-409-3662

**DISCLAIMER: Do not email any documents containing Social Security numbers to our office – this is not a secure method to provide this information to us.**