

Office of Undergraduate Financial Aid 275 Mount Carmel Avenue | Hamden, CT 06518-1908 Phone: 203-582-8750 | Fax: 203-582-4060 finaid@qu.edu | qu.edu/upload



## 2024–25 Verification of Identity and Statement of Educational Purpose

(To be signed in the presence of a notary)

Your 2024–25 Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. To verify that you provided correct answers on the FAFSA, we will compare your answers with the information on this worksheet, and any other required documents. If there are differences, we may need to correct the information that was reported. Please complete and sign this worksheet, attaching any required documents, and continue to monitor Self-Service to avoid missing additional document requests. If you have any questions about verification, please contact our office to avoid processing delays.

Student's last name	Student's first name		Student's QU ID#	
Student's street address (include apt. no.)			Date of birth	
City	State	Zip	Cell/Home phone number (include area code	
If you cannot appear in person at Quinnipyou must provide:	piac University to	o verify your identity,		
1. A copy of the unexpired valid government that is presented to a notary, such as,	1		t is acknowledged in the notary statement below, or her state-issued ID or passport	
2. The original notarized Statement of Ed	lucational Purpos	se provided below		
Statement of Educational Purpose				
I certify that I Print student's na	ame am	n the individual signing	g this Statement of Educational Purpose and that	
the federal student financial assistance I r Quinnipiac University for the 2024–25 ac		only be used for educa	tional purposes and to pay the cost of attending	
Student's signature (required)			Date	
Notary's Certificate of Acknowledgment				
State of				
City/County of				
On, before	me,		,	
Date			Notary's name	
personally appeared,	C :	and proved to	me on basis of satisfactory evidence of identification	
Type of unexpired government-issued p			amed person who signed the foregoing instrument.	
WITNESS my hand official seal				
-		Notary signature		
seal				
My commission expires on			Rev. 4/24	

Date