

2024-2025 Independent Verification Worksheets V4 (Customized)

Student's Information

Student's Last Name	Student's First Name	M.I	Student's YU ID Number	
Student's Street Address (include apt. no.)	City		State Zip Code	
Student's Cell Phone Number		Student's Email Address		

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at <u>Yeshiva University</u>, <u>Office of Student Finance</u> to verify his or her identity by presenting 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the following:

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 Yeshiva University for 2023-2024.

ent's Signature	Date	YU ID Number
<i>Office use Only</i> Witnessed by:		
Print Name of the Student Aid Office representative		Title
Signature of the Aid Office representative		Date

Identity and Statement of Educational Purpose (To Be Signed With Notary)

If you are unable to appear in person at Yeshiva University, Office of Student Finance to verify your identity, you must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I		am the individual signing this Statement of				
Educational Purpose and that the feder	al student financial assistance I may	receive will only be used	for educational purposes			
and to pay the cost of attending <u>Yeshiva</u>	a University for 2024-2025.					
Student's Signature	Date	Student's YU ID Number				
N	lotary's Certificate of Acknow	ledgement				
State of			_			
City/County of			-			
On, before	e me,	, Ķ	personally appeared			
Date	Notary's name	e				
	, and provided to me	e on basis of satisfactory ev	vidence of identification			
Printed name of signer						
		amed person who signed t	he foregoing instrument.			
Type of government-issued photo ID pr	ovided					
WITNESS my hand and official se	eal					
(seal)						
	Notary signature					
My commission expires on Date						
Certification and Signatures:						
-						
Each person signing below certifies one parent whose information was	•	•	ect. The student and			
Student's Signature	Student	Name (Please Print)	Date			
Spouse's Signature	Spouse ((Please Print)	Date			
All completed worksheets must	be mailed or brought in to th	e address indicated b	elow:			

Yeshiva University – Office of Student Aid 2495 Amsterdam Ave room 1013A, NEW YORK, NY 10033-3201 Phone: 646 592 6250 V4 - Customized Verification