Identity and Statement of Educational Purpose Verification Worksheet 2023-2024



Kodiak Corner/Student Financial Services

Phone: (425) 352-8860 Fax: (425) 352-8564 Email: finaid@cascadia.edu

Your 2023–2024 Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called verification. The law says that before awarding Federal Student Aid, Cascadia must confirm the information you reported on your FAFSA. To verify that you provided correct information, Cascadia will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Cascadia may ask for additional information. To prevent your aid from being delayed, complete and sign this worksheet, attach any required documents, and submit the form and other required documents to Cascadia's Student Financial Services office as soon as possible.

| Student Information | on | | | |
|--|---|----------------------|---|----------|
| Last Name (print) | First Name | MI | Student ID # | |
| | • 0• 4• | | | |
| Student Identity V | erification | | | |
| | in person to sign the statement betion card, or passport). <i>The Finan</i> | | d government-issued photo identification (driver's a copy. | license, |
| | the original notarized copy of my ort). NOTE: Cascadia College does | | shoto identification (driver's license, state identific sociated in the notarizing process. | ation |
| Student Statement | of Educational Purpose – | To be completed by S | Student | |
| Statement of Educat | ional Purpose | | | |
| ` | , | | ement of Educational Purpose and that the federal s | |
| | <u> </u> | * * | pay the cost attending Cascadia College for 2023-2 | 2024. |
| Notary's Certificat | te of Acknowledgement – I | To be completed by N | otary | |
| tate of City/Co | | y/County of | On | , |
| before me, | | , personally appea | (Date) | , and |
| | (Notary's Name), persona | | (Printed Name of Signer) | |
| provided to me on basis | of satisfactory evidence of identi | (Type of governm | to be the above-name ent-issued photo ID provided) | ea |
| person who signed the f | oregoing instrument. | (), () | , | |
| WITNESS my hand and | l official seal | | | |
| • | | | (Seal) | |
| (Notar | y Signature) | | | |
| M | | | | |
| My commission expires | (Date) | | | |
| Student Signature | | | | |
| I understand that Cascadia College may request any documentation deemed necessary to process my file. By signing this form, I (we) certify that all the information reported to qualify for Federal Student Aid is complete and correct. | | | WARNING: If you purposely give false or misleading information on this worksheet, y may be fined, be sentenced to jail or both. | you |
| Student | Date | | | |

Complete and return to Cascadia College Kodiak Corner, along with any required documentation.

Incomplete or incorrect forms will not be processed.

Cascadia College is an equal opportunity institution and does not discriminate. See full statement at www.cascadia.edu/nondiscrimination.