


2020-2021 Verification Worksheet
Tracking 

that you provided correct information, the financial aid administrator at your school 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. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Student Information

Student Last Name	Student First Name	Student M.I.	Student SSN or ID Number
Student Street Address (include apt. no.)			Student Date of Birth
City	State	Zip Code	Student Email Address

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

The student must appear in person at American University of Health Sciences to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as a driver's license, state-issued ID card, or passport, and the name of the official at the institution authorized to issue the ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Identity and Statement of Educational Purpose
(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at American University of Health Sciences 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 public's journal; 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
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 American University of Health Sciences for 2020-2021.

_____ (Date)

(Student Signature)

(Date)

(Notary Signature)

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State of _____ City/County of _____
On _____, _____
(Date)

before me, _____,

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 abovenamed person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary Signature)

My commission expires on _____
(Date)