

Office of Student Financial Aid 600 S. Paulina St. Suite 440 | Chicago, IL 60612 Telephone: 312-942-6256 | financial_aid@rush.edu

2025-2026 Custom Verification Worksheet

| Student First Name: | Student ID #: |
|--|--|
| Student Last Name: | |
| Student Financial Aid sees a discrepancy, I understand t | tion reported is complete and correct. If during the review process, the Office of that corrections to my FAFSA will be submitted directly to the U.S. Department of ons may also result in an adjustment to my financial aid package that I have been |
| Please print and sign the completed form. | |
| Student Signature: | Date: |
| | |
| FOR OFFICE USE ONLY: | |
| (Identification must be an unexpired document): | the document in person, and presented one of the following documents |
| Date document presented and reviewed: | |
| Valid Driver's license, OR | Valid State ID, OR Valid Passport |
| Financial Aid Officer's Printed Name | Financial Aid Officer's Signature |
| | |

| Student Name: | StudentID #: |
|---|---|
| A. DOCUMENTATION OF IDENTITY/ STATEMENT OF EDUCATIONAL PURP | OSE |
| Identity and Statement of Educational Purpose (To Be Signed at the Institution) | |
| The student must appear in person at(Name of Postsecondary Educational Ir | to |
| (Name of Postsecondary Educational Ir | nstitution) |
| verify his or her identity by presenting an unexpired valid government-issued photo not limited to, a driver's license, other state-issued ID, or passport. The institution student's photo ID that is annotated by the institution with the date it was received of the official at the institution authorized to receive and review the student's ID. | o identification (ID), such as, but will maintain a copy of the |
| In addition, the student must sign, in the presence of the institutional official, the S Purpose provided below. | tatement of Educational |
| 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 | |
| Name of Postsecondary Educational In | stitution) |
| 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) | _ |
| notary statement below, or that is presented to a notary, such as, but not limited to | o, a driver's license, other state- |

- (a) 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.

| Student Name: | StudentID | #: |
|---------------|-----------|----|
| _ | | |

DOCUMENTATION OF IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (Continued from previous page)

| | Statement of Educational Purpose | |
|-----------------------------------|---|---------|
| I certify that I(Print Studen | am the individual signing c's Name) | |
| | urpose and that the Federal student financial assistance for educational purposes and to pay the cost of attending for 2025–2026. | |
| (Name of Postseconda | ry Educational Institution) | |
| (Student's Signature) | (Date) | |
| (Student's ID Number) | | |
| | Notary's Certificate of Acknowledgement | |
| State of | Notary's certification may vary by State | |
| City/County of | | |
| On, b (Date) | efore me,, (Notary's name) | |
| personally appeared, | , and proved to me ted name of signer) | |
| on the basis of satisfactory evic | ence of identification (Type of unexpired government-issued photo ID pro | ovided) |
| to be the above-named person | who signed the foregoing instrument. | |
| WITNESS my hand and official s | eal | |
| (seal) | | |
| (Notary signature) | | |
| My commission expires on | (Date) | |