



# Custom Verification Group – V4 2024-2025

___ Independent
___ Dependent

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Email: FinancialAid@cccua.edu

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need correcting. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may request additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

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

## Identity and Statement of Educational Purpose (to be signed at institution)

**\*Complete this section only if you are bringing this form to campus.\***

The student must appear in person at **Cossatot Community College of the University of Arkansas** to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

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

Statement of Educational Purpose	
I certify that I _____ am the individual signing this Statement of Educational Purpose and (Print Student's Name)	
that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cossatot Community College of the University of Arkansas for 2024-2025.	
_____	_____
(Student's Signature)	(Date)

below.

UAC Financial Aid Office Use Only:	
I verify that this student, is the said student, which has signed and dated the above document.	
_____	_____
(Signature/Title)	(Date Received)

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

**\*Complete this page only if you are mailing in this form.\***

If the student is unable to appear in person at Cossatot Community College of the University of Arkansas 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 statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-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.

### Identity and Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cossatot Community College of the University of Arkansas for 2024-2025.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On \_\_\_\_\_,  
(Date)

Before me, \_\_\_\_\_ personally appeared,  
(Notary's Name)

\_\_\_\_\_, and provided to me on the basis of satisfactory evidence of  
(Printed Name of Signer)

identification \_\_\_\_\_ to be the above-named person who signed the  
(Type of unexpired government-issued photo ID provided)

foregoing instrument. **WITNESS my hand and official seal**

(Seal)

My commission expires on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary Signature)