

## Verification – V4 Worksheet

**FEDERAL STUDENT AID PROGRAMS:** Your application was selected for review in a process called “Verification.” In this process, the Financial Aid Office compares information from your FAFSA application with your financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

### Student Information

Last Name:	First Name:	ctcLink ID #:
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### A. Identity & Statement of Educational Purpose

**Instructions:** The student must appear in person to verify their identity by presenting a Financial Aid staff member a valid government-issued photo ID **AND** sign the Educational Purpose Statement in the presence of a Financial Aid Staff Member. Military ID is not acceptable for this form. The Financial Aid Office cannot process your application without this information. If you are unable to appear in person, you must appear in front of a notary.

COMPLETION OF THIS SECTION MUST BE WITNESSED BY A FINANCIAL AID STAFF MEMBER

#### Educational Purpose Statement

I certify that I, \_\_\_\_\_ (*print first and last name*) 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 Shoreline Community College for the 2025-2026 school year.

Student Signature:	ctcLink ID #:	Date:
Witnessing Financial Aid Staff Member's Signature:	Print Name:	Date:

### B. Certification & Signatures

I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge. I agree that I have reviewed, understand, and agree to the conditions, responsibilities, and obligations in order to receive financial aid for the 2025-2026 academic year as stated in the Conditions of Award and Satisfactory Academic Progress Policy, available on the Financial Aid website.

Student Signature: <i>(Ink Signature ONLY)</i>	Date:
Parent contributor Signature: ( <i>dependent students only</i> ) <i>(Ink Signature ONLY)</i>	Date:

**C. Notary Certificate of Acknowledgment** *(only applicable if you cannot appear in person)*

**Instructions:** If you are unable to appear in person at Shoreline Community College to verify your identity, you must mail the following to Shoreline Community College.

This form cannot be electronically submitted via email or fax. Please submit the following:

- A. A copy of front and back of the valid government-issued ID that was verified by the notary below.**
- B. The notarized Statement of Educational Purpose.**

**COMPLETION OF THIS SECTION MUST BE WITNESSED BY A NOTARY**

**Educational Purpose Statement**

I certify that I, \_\_\_\_\_ *(print first and last name)* 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 Shoreline Community College for the 2025-2026 school year.

Student Signature: \_\_\_\_\_

ctcLink ID #: \_\_\_\_\_

Date: \_\_\_\_\_

**Notary's Certificate of Acknowledgment**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On \_\_\_\_\_, \_\_\_\_\_  
*Date*

before me, \_\_\_\_\_, personally appeared, \_\_\_\_\_, and  
*Notary's name**Printed name of signer*

provided to me on basis of satisfactory evidence of identification \_\_\_\_\_ to be  
*Type of unexpired government-issue ID provided*

the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_  
*Notary's signature*

My commission expires on: \_\_\_\_\_  
*Date*

*Place seal here*

**Financial Aid Office | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: [financialaid@shoreline.edu](mailto:financialaid@shoreline.edu)**

Shoreline Community College provides equal opportunity in education and employment and does not allow discrimination or harassment on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal, as required by Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 and 508 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. Prohibited gender based discrimination includes sexual harassment.