



2017-2018
VERIFICATION (V4) WORKSHEET

Your FAFSA was selected by the U.S. Department of Education for review in a process called "Verification." In this process Missouri S&T is required to compare information from your FAFSA with the information on this worksheet and with any other required documents. The law states we have the right to ask you for this information and review it for accuracy under the financial aid program rules (34 CFR, Part 688). Verification must be completed before your financial aid will be credited to your student account.

INSTRUCTIONS

- 1. Complete all sections of this worksheet in full. Incomplete forms will be returned.
2. This form must be signed by the student in person at the Missouri S&T Financial Assistance Office. If student is unable to sign in person the form it must be notarized. See additional instruction on second page.
3. All documents must be submitted by the following deadlines:
Fall 2017 Enrollment: October 31, 2017
Spring 2018 Enrollment: March 1, 2018
4. Please return all documents requested to our office via fax to (573)341-4274, email to sfa@mst.edu or mail to G-1 Parker Hall, 300 W 13th St, Rolla, MO 65409-0250.

Student Information

Form fields for Student Information: Last Name, First Name, M.I., Daytime Phone number (include area code), Date of Birth, Missouri S&T Student ID#

High School Completion Status

Per federal regulation, the Missouri S&T Financial Assistance Office must receive documentation of your final high school transcript, recognized equivalent, or home-school credential. Because you will provide the S&T Admissions Office with your final transcript, we will use it to satisfy the federal requirement for verification.

Manually sign this Worksheet. Forms with electronic/typed signatures will be returned.

Each person signing certifies that all the information reported is complete and correct. The student and at least one parent whose information was reported on the 2017-2018 FAFSA must sign and date this worksheet.

Form fields for signatures: Student, Date, Parent, Date, Parent Daytime Phone number (include area code), Parent Email

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Name / S&T ID #: \_\_\_\_\_

**2017-2018 Identity and Statement of Educational Purpose (To Be Signed at the Institution)**

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The student must appear in person at the Missouri University of Science and Technology at the Student Financial Assistance Office 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 the name of the official at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the following:

**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 Missouri University of Science and Technology for 2017-2018.

\_\_\_\_\_  
(Student's Signature) (Date) (Student's ID Number)

If the student is unable to appear in person, this form must be notarized and mailed with a copy of a government issued ID listed above.

**Notary's Certificate of Acknowledgement** *(Only needed if not able to appear in person)*

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me \_\_\_\_\_  
(Date) (Notary's name)

Personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary signature) (Seal)

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

**FOR OFFICE USE ONLY: Attach photocopy of ID after verifying identity**

Document Provided: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Signature \_\_\_\_\_