



BAPTIST HEALTH SCIENCES UNIVERSITY

Student Financial Aid Office

1003 Monroe Avenue

Memphis, TN 38104

Office: (901) 575-2247

Email: financial.aid@bchs.edu

2020-2021 CUSTOM INSTITUTIONAL VERIFICATION WORKSHEET (V4)

Federal financial aid guidelines require the Student Financial Aid Office to collect and maintain this documentation as part of your personal file. This form must be returned in person and signed in front of a Financial Aid Office Staff member OR the original documents must be mailed after notarization.

DO NOT fax or email this form.

A. STUDENT INFORMATION

Student Name: _____

Student ID#: _____ Date of Birth: _____

Permanent Address: _____

City/State/Zip: _____ Phone: _____

B. HIGH SCHOOL COMPLETION STATUS

Please select which option describes you:

- I **DID** graduate from high school and have a high school diploma.
- I **DID** receive a GED.
- I **DID** graduate from a home school program.
- I **DID NOT** receive a high school diploma or its equivalent from any of the above sources.

If you graduated from high school, home school program or received a GED, you must provide documentation to our office.

C. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE - IN PERSON

The student must appear in person at the Financial Aid Office to verify his or her identity by presenting a 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 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 (Print Student's 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 Baptist Health Sciences University for 2020-2021.

Student's Signature

Date

Staff Witness:

D. BY MAIL (Originals required, fax NOT acceptable)

If the student is unable to appear in person at the Financial Aid Office to verify his or her identity, the student must provide both: **(To Be Signed With Notary)**

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On (Date) _____, before me (Notary's name), _____

personally appeared (Printed name of signer) , _____,

and provided to me 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
(seal)

_____ (Notary signature)

My commission expires on (Date) _____

E. CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

Student's Name (Print)

Student's Signature (Required) Date (Required)

Parent's Signature (Required if Dependent) Date (Required)