

**2026-2027 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: _____

B. 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:

Identity and 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 the **2026-2027** academic year.

Student's Signature

Date

Staff Witness:

C. 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) _____