



2024 - 2025 Verification Worksheet – V4  
**Dependent or Independent Student**

Financial Aid Office  
Elizabethtown College  
One Alpha Drive  
Elizabethtown, PA 17022  
Phone: (717) 361-1404  
[finaid@etown.edu](mailto:finaid@etown.edu)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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 are required to verify your identity and collect a signed Statement of Educational Purpose.

**You must complete the Identity and Statement of Educational Purpose. You can either complete the sections in front of a member of the Elizabethtown College Financial Aid Staff (Page 1) or in front of a Notary (Page 2). If you choose to complete these sections in front of a Notary, the Notary must complete the Certificate of Acknowledgment. DO NOT complete these sections without a member of the Financial Aid Staff or a Notary being present.**

**1) Identity and Statement of Educational Purpose  
(To Be Signed at the Institution)**

The student must appear in person at Elizabethtown College 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 below.

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_ am the individual signing this Statement of  
(Print Student Name)

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 **Elizabethtown College** for the 2024-2025 year.

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

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

**For Financial Aid Office Use Only**

\_\_\_\_\_  
(Staff Signature)

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

Viewed Original Document \_\_\_\_\_  
(Staff Initials)

**2) Identity and Statement of Educational Purpose  
(To Be Signed in the Presence of a Notary)**

If the student is unable to appear in person at **Elizabethtown College** 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.

**Notary's Certificate of Acknowledgment**

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

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

personally appeared, \_\_\_\_\_, and proved to me on basis of satisfactory  
(Printed name of signer)

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

My commission expires on \_\_\_\_\_  
the foregoing instrument. (Date) (Notary signature)

**WITNESS my hand and official seal**  
(seal)

**Please return completed forms to  
Financial Aid Office  
Elizabethtown College  
One Alpha Drive  
Elizabethtown, PA 17022**