

A. STUDENT INFORMATION

2025-2026 Verification Worksheet Federal Student Aid Programs (Group V4)

Your FAFSA was selected for review in a process called "Verification." In this process Wartburg College is required to compare information from your FAFSA with other documentation. The law says we have a right to ask you for this information before awarding federal aid. If there are differences between your FAFSA and your documents we may need to send corrections electronically to have your information reprocessed.

Last Name	First Name	M.I.	Student ID #
Street Address (inclu	de apt. no.)		Date of Birth
City	State	Zip	Phone # (include area code)
B. IDENTITY AND ST	TATEMENT OF EDUCATIONAL	. PURPOSE:	
eceived and reviewed, an	ill maintain a copy of the student's pho d the name of the official at the institu tudent must sign, <u>IN THE PRESENCE</u>	tion authorized to rece	eive and review the student's ID.
	IDENTITY AND STATEMENT O	F EDUCATIONAL PUR	<u>POSE</u>
certify that I	Print Student's Name	individual signing this	Statement of Educational
Purpose and that the fede	eral student financial assistance I may r	receive will only be use	ed for educational purposes and to
oay the cost of attending \	Wartburg College for 2025-2026.		
Student's Signature		Date	
Student's ID Number			

The above statement must be signed in the presence of a notary if the student is unable to appear in person at Wartburg College to verify his or her identity; the student must provide:

(a) a copy of an 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, at 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	, before me,	Notary's Na	personally	
appeared,Pri	nted Name of Signer	, and provided t	o me on basis of satisfactory evidence	
of identification	to be	the above-named person	who signed the foregoing instrument	
WITNESS my hand and of	ficial seal			
(anal)		Notary Signature	 Date	
(seal)	My commiss	ion expires on		
			Date	

PLEASE RETURN TO:

Wartburg College Financial Aid Office, 100 Wartburg Blvd, Waverly, IA 50677

Must be <u>original</u>, <u>hand-signed</u> form. Copies, scans, or electronic forms will NOT be accepted.