

Financial Aid & Educational Financing

P: 212-854-3711 F: 212-854-5353 ugrad-finaid@columbia.edu https://cc-seas.financialaid.columbia.edu/ Columbia University in the City of New York 618 Lerner Hall 2920 Broadway New York, NY 10027

2023-2024 Dependent Verification Worksheet Group 4

The Department of Education randomly selects students to verify certain components of their Free Application for Federal Student Aid (FAFSA). Students who have been selected for Group 4 Verification are required to verify their identity and provide a statement of educational purpose.

If you have been selected for Group 4 Verification, you have two options to satisfy this requirement:

- 1. Complete page 2 of this packet in-person at our office in Lerner Hall or,
- 2. Complete page 3 of this packet with a notary.

Office location for in-person verification (page 2):

Financial Aid & Educational Financing 618 Lerner Hall 2920 Broadway New York, NY 10027

Form submission options for verification with a notary (page 3):

- IDOC online document upload at https://pages.collegeboard.org/idoc
- Office drop-off (see address above)
- Fax to 212-854-5353 using our cover sheet at https://cc-seas.financialaid.columbia.edu/forms
- Mail to 100 Hamilton Hall, Mail Code 2802 | 1130 Amsterdam Avenue | New York, NY 10027

If you have any questions, please contact Financial Aid and Educational Financing by phone (212-854-3711) or email (ugrad-finaid@columbia.edu).

Please submit this document to your respective Financial Aid Office.

STFP '	1 - STUDENT	Γ INFORMATION
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Last Name	First Name	Social Security Number	Student ID Number
Permanent Address	Street & Number	City/State/Zip	Date of Birth
Local Phone Number (Include Area Code)	Permanent Phone Number (Include A	rea Code)	Email Address
	<u>FATEMENT OF EDUCATION</u> on at <u>Columbia University</u> to ver	•	
	vernment-issued photo identification (l		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(b) The original Statement of E	Educational Purpose provided below, working an authorized official within the final	hich must be completed in-person	on at Columbia
	Statement of Educati	onal Purpose	
I certify that I		gning this Statement of Education	·
	sistance I may receive will only be use	d for educational purposes and	to pay the cost of
attending Columbia University f	or 20232024.		
Student Signature	Date	Student ID Number	
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STEP 3 – CERTIFICATIO	<u>DN</u>		
By signing this worksheet, I co	ertify all the information reported is	complete and correct:	
Student Signature	Date Student	Name (Please Print) Stt	ident ID Number

NOTE: Additional documents and/or information beyond those listed in this form may be needed to satisfy the requirements of Verification. Your respective Financial Aid Office will notify you of additional requirements, if applicable.

Please submit this document to your respective Financial Aid Office.

STEP 1 – STUDENT INFORMATION

Last Name	First Name	Social Security Number	Student ID Number
Permanent Address	Street & Number	City/State/Zip	Date of Birth
Local Phone Number (Include Area Code)	Permanent Phone Number (Include Area Code) Email Address		

STEP 2 - IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed with Notary)

If you are unable to appear in person at Columbia University to verify your identity, you must provide:

- (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 clear indication that the Statement of Educational Purpose was the document notarized.

Student Signature	Date	Student ID Number
	Notary's Certificate of Ack	nowledgement
State of		
City/County of		
On, bo	efore me,(Noton's N	, personally appeared,
	, and proved to	ne on basis of satisfactory evidence ofidentificati
(Printed Name of Sig	· ·	ed person who signed the foregoing instrument.
(Type of government-issued photo		
	WITNESS my hand and	official seal
(seal)		
My commission expires on		(Notary's Signature)
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NOTE: Additional documents and/or information beyond those listed in this form may be needed to satisfy the requirements of Verification. Your respective Financial Aid Office will notify you of additional requirements, if applicable.