

2024-2025 VERIFICATION FORM - V4, V5

Student Name	_____	_____	_____	Student SSN	_____
	Last	First	MI		
Student Date of Birth	_____				
Student Telephone #	_____	Student email	_____		
Parent Telephone #	_____	Parent email	_____		

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (TO BE SIGNED AT THE SFS OFFICE)

The student must appear in person at Susquehanna University's SFS 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, _____, 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 Susquehanna University for 2024-25.

(Student's Signature)

(Date)

(Student's ID Number)