Verification of ID & Statement of Educational Purpose (V4/V5) 2024-25



Your 2024-25 FAFSA was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you for information to compare to the FAFSA. If you have questions contact School of Medicine Financial Aid 203-582-5100.

Return this form in person or by mail – Originals only to:
Quinnipiac University, School of Medicine - Office of Financial Aid, 275 Mt Carmel Ave, NH-MED, Hamden, CT 06518

Section	1 –	Student	intormation

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Student's Last Name	Student's First Name	Student's M.I.	Student's QU ID	
City	State	Zip Code	Student's Email Address	
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number	
Section 2 – Educational	Purpose Statement			
I certify that I	(Drint C	'tudent's Nema)	am the individual signing this	
	(Print S	Student's Name)		
			ial assistance I may receive will only be ipiac University for 2024-25.	
Student's Signature (Rec	quired)	Date		
Proof of Identity (Co	mplete A or B)			
Student's Signature (Rec	quired)	Date Document Recei	ived	
	ent <u>is NOT able to appear</u>			
	the following documentat			
 below, or that is p The original State separate page the 	presented to a notary, such tement of Educational Pu	as, but not limited to, a crpose (see above), that	(ID) document that is acknowledged in the notary statement driver's license, other state-issued ID, or passport; and must be notarized. If the notary statement appears on a list be a clear indication that the Statement of Educational	
	Not	ary's Certificate of Ackr	nowledgement	
State of	City/Cou	unty of	on	
Before me.		, personally appeared(printed name of signer)		
and provided to me on basis	of satisfactory evidence of id		to be the above-named	
person who signed the foreg	oing instrument.	(type	of government issued photo id provided)	
Witness my hand and officia	l seal		My commission expires on	
	(Notary's signature	2)	(Date)	

(SEAL)