



2024-2025 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

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 may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information. HMSOM will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Office of Student Financial Services. We may need to ask for additional information in the future. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University.

Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award and only original copy will be accepted.

Student Name: _____ SOMAID # _____ Last 4 digits of SS#: _____

Permanent Home Address: City _____ State _____ Zip Code _____

Student's Date of Birth: _____ Home Phone #: _____ Cell #: _____

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

As part of the verification process, you must appear in-person at Hackensack Meridian School of Medicine to verify your identity and provide the following:

- A valid government-issued photo identification (ID), such as a driver's license, other state-issued ID or passport.
- In addition, you must sign the Statement of Educational Purpose provided below.

If you are not able to appear in person, you must mail:

- The original signed and notarized Statement of Educational Purpose provided below.
- A copy of the government-issued ID as referenced in the Notary's Certificate of Acknowledgement.

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 Hackensack Meridian School of Medicine for 2024-2025.

Student Signature (Electronic Signature Not Acceptable)

Date



2024-2025 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

(only complete this section if you cannot appear in person)

State of _____ City/County of _____ On _____

(Date)

before me, _____, personally appeared, _____,
and Notary's Name Printed name of signer

provided to me on basis of satisfactory evidence of identification _____

(Type of government-issued photo ID provided)

Notary Signature
seal

WITNESS my hand and official

(Seal)

My commission expires on _____
Date

Office Use Only

HMSOM Financial Aid Administrator Name _____ confirms the
Statement of Identity & Educational Purpose has been verified In-Person or by Notary and is compliant
with the Department of Education federal regulations.

Financial Aid Administrator Signature _____ Date _____