BURRELL COLLEGE of HEALTH SCIENCES

2026-2027 Independent Verification Worksheet V4

Your 2026-2027 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, we will compare your FAFSA with the information on this verification 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 form, attach any required documents, and submit the form and other required documents to us. We may ask for additional information.

A. Student's Information

Student's First Name M.I. Last Name

Burrell ID Number (8 digits)

Student's Street Address (include apt. no.)

Student's Date of Birth

City State Zip Code

Student's Email Address

Student's Home Phone Number (include area code)

Student's Alternate or Cell Phone Number

B. Identity and Statement of Educational Purpose

Identity and Statement of Educational Purpose
(To Be Signed at the Institution)

The student must appear in person at the **Burrell College of Health Sciences** to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

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Identity and Statement of Educational Purpose
(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at the **Burrell College of Health Sciences** to verify his or her identity, the student must provide to the institution:

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

Statement of Educational Purpose

I certify that I _____ am the individual signing
(Print Student's Name)

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 the **Burrell College of Health Sciences** for 2026-2027.

_____ _____
Student Signature Date

State of _____
City/County of _____
On _____, before me, _____,
(Date) (Notary's name)
personally appeared, _____, and proved to me
(Printed name of signer)
on the basis of satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument (Statement of Educational Purpose on page 2).

WITNESS my hand and official seal

(seal) _____
(Notary signature) My commission expires on _____
(Date)

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C. Certifications and Signatures

WARNING: If you purposely give false or misleading information you maybe fined, be sentenced to jail

Each person signing below certifies that all of the information reported is complete and correct. The student and spouse (if applicable) must sign and dat .

Print Student's Name	Burrell Student ID
Student's Signature	Date
Spouse's Signature	Date