



WHITMAN COLLEGE™

2024-25 Verification Worksheet - V4

Student Name: _____ Whitman ID Number: _____

Student Date of Birth: _____ Phone: _____

Home Address: _____ City, State and Zip: _____

Your 2024-25 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA (34 CFR, Part 668). To verify that you provided correct information a financial aid administrator at Whitman 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 this worksheet, attach any required documents, and submit this form and other required documents to Financial Aid Services. Our office may ask for additional information. If you have questions about verification, we encourage you to contact Financial Aid Services at (509)527-5178 or e-mail our staff at finaid@whitman.edu.

IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE

You must appear in person or have the following statement notarized. Please check the box indicating your preference.

<input type="checkbox"/> IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE (TO BE SIGNED AT THE INSTITUTION)	
The student must appear in person at Whitman College 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.	
STATEMENT OF EDUCATIONAL PURPOSE	
I certify that I, _____, am the individual signing this <i>Print Student's Name</i>	
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 Whitman College for 2024-25.	
_____ Student's Signature	_____ Date
_____ Student's ID Number	
FOR WHITMAN COLLEGE FINANCIAL AID OFFICE USE ONLY	
_____ Signature of Staff Member that Collected form	_____ Date
_____ Form of ID	

IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE (TO BE SIGNED IN THE PRESENCE OF A NOTARY)

If the student is unable to appear in person at Whitman College to verify his or her identity, the student must provide 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 Purposes 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 this
Print Student's Name
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 Whitman College for 2024-25.

Student's Signature

Date

Student's ID Number

NOTARY'S CERTIFICATION OF ACKNOWLEDGMENT: COMPLETE NOTARIZATION ONLY IF SUBMITTING THIS FORM BY MAIL

State of _____

City/County of _____

On _____, before me, _____, personally appeared,
Date *Notary's Name*

_____, and proved to me because of satisfactory evidence of
Printed name of signer

Identification _____ to be the above-named person who
Type of Government-issued photo ID provided

signed the foregoing instrument.

WITNESS my hand and official seal

Notary Signature

Seal

My commission expires on _____
Date

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