

**2025-2026 Verification - Tracking Group 4
Identity & Statement of Education Purpose**

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process call verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on 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 financial aid administrator at your school. **Your school may ask for additional information.** If you have questions about verification contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Complete **both sides** of this form.

A. STUDENT INFORMATION

LastName	FirstName	M.I	
Street Address	City	State	Zip Code
Date of Birth	Cell Phone	HomePhone	
Email			

B. DOCUMENTATION OF IDENTITY/ STATEMENT OF EDUCATIONAL PURPOSE

In order to complete the verification process, you must appear in person at City Colleges of Chicago to verify your 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 your 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 your ID.

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

STATEMENT OF EDUCATIONAL PURPOSE:

Instructions: You (the student), must sign the Statement of Educational Purpose in the presence of the institutional official

I certify that I (the student) _____ 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 City Colleges of Chicago for 2025-2026.

****Student Signature:** _____ **Date:** _____

Note: A student who is unable to obtain the documentation listed above must contact the financial aid office.

FOR OFFICE USE ONLY:

Financial Aid Officer's Name and Title	
_____	_____
Financial Aid Officer's Signature	Document Received Date
____ Check here if the student appeared in person and presented one of the following documents:	
- ____ Valid Driver's license, OR ____ Valid State ID, OR ____ Valid Passport	

C. SIGN THIS WORKSHEET

The College must review the requested information. Under the financial aid program rules (CFR title 34, Part 668). If you are the student, by signing this application you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) will notify your school if you default on a federal student loan and (4) will not receive a Federal Pell Grant for more than one school for the same period of time. If you are the parent or the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that you **understand that the Secretary of Education has the authority to verify the information reported on this application with the Internal Revenue Service and other federal agencies.** If you sign any document related to the federal student aid programs electronically using an FSA ID and password, you certify that you are the person identified by the FSA ID and password and have not disclosed that to anyone else.

WARNING: If you purposely give false or misleading information on the worksheet, you may be fined \$20,000, sent to prison, or both.

Instructions: You (the student), must sign this document in the presence of the institutional official.

Parent Name: (Last) _____ (First) _____

**Parent Signature: _____ Date: _____

(Parent **signature** needed if student is a dependent student)

**Student Signature: _____ Date: _____

****Acceptable signatures include a "wet" or hand-written signature, a signature completed by stylus or using your finger and an electronic signature (through Adobe, DocuSign or other electronic signature applications). Typed or cursive signatures will not be accepted.**

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school.