



# UNIVERSITY of Western States

## 2022-2023 Custom Verification Worksheet

### Step 1: Student Information

\_\_\_\_\_  
Last Name                      First Name                      M.I.

\_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
Street Address (include apt. no.)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City                                  State                                  Zip Code

### Step 2: Identity and Statement of Educational Purpose

This needs to be signed by you, in the presence of an official. Choose **ONE** of the following options to sign this document:

- I will come to University of Western States to sign the statement below.
- I am unable to come to University of Western States. I will sign the statement on the reverse side of this worksheet, and have a notary witness the signature.

### **Identity and Statement of Educational Purpose (To Be Signed at University of Western States)**

The student must appear in person at University of Western States 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.

- I have provided a valid government issued photo identification in person.

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Student's Name)

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 University of Western States for 2022–2023.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Institutional Official Signature)

\_\_\_\_\_  
(Date)

Student Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

**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 University of Western States 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.

I have attached a copy of the valid government issued photo identification that is acknowledged below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Student's Name)  
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 University of Western States for 2022–2023.

\_\_\_\_\_  
(Student's Signature) (Date)

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

On the basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo ID provided)  
to the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_  
(Notary signature)

Seal

My commission expires on \_\_\_\_\_  
(Date)

**Step 3: Certification and Signature**

Signing below certifies that all of the information reported is complete and correct.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student Signature (Required) Date

Internal Use only  
Results reported to CPS on \_\_\_\_\_ Initials \_\_\_\_\_