

## 2023-24 Custom Verification Worksheet

## Federal Student Aid Programs

A. Student Information			
Last name	First name	M.I.	Student ID #
Address (Include apt. no.)			Date of Birth
City	State	ZIP Code	Phone Number (include area code)
B. Identity and Statement of Edu	ıcational Pur	oose – To Be	Signed In Person
unexpired government-issued phot state issued ID, or U.S. passport. annotated with the date it was re- authorized to collect the student ID	o identification The institution ceived and re	(ID), such as, I n will maintain viewed, and th	ge to verify your identity by presenting an but not limited to, a driver's license, other a copy of the student photo ID that is ne name of the official at the institution e, the Statement of Educational Purpose
Statement of Educational Purpos	se:		
•			am the individual signing this udent financial assistance I may receive of attending Suffolk County Community
Student's Signature:			Date:
FA Representative Signature:			Date:

This form must be returned in person to your campus Financial Aid Office.

Central Administration 533 College Road Selden, NY 11784-2899 (631) 451-4108 Ammerman Campus
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