

# DV4

## 2018-2019 Verification of High School Completion, Identity/Statement of Educational Purpose

Your 2018–2019 Free Application for Federal Student Aid (FAFSA) has been selected for a process called verification. Federal law requires that an institution verify certain information that has been listed within the FAFSA before federal aid can be disbursed. To complete the verification process, the financial aid office will compare the information listed on your FAFSA to the information listed on this worksheet along with other documents submitted. If there are differences, your FAFSA information will need to be corrected. Please complete this worksheet, sign, and submit to the Office of Financial Assistance and Veteran’s Affairs as soon as possible to prevent any delays in the disbursement of your aid.

### A. Student Information

Print: Last Name, First Name, M.I. \_\_\_\_\_

CofC ID \_\_\_\_\_

### B. Documentation of Identity/Statement of Educational Purpose

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver’s license, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date below. **If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a public notary.**

#### Statement of Educational Purpose

I certify that I \_\_\_\_\_ 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 the College of Charleston for 2018-2019.

Student’s Signature and Date \_\_\_\_\_

Financial Aid Administrator Signature and Date \_\_\_\_\_

#### Notary’s Certificate of Knowledge

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_

Before me \_\_\_\_\_ personally appeared \_\_\_\_\_  
*print notary’s name* *print name of signer*

And provided to me on basis of satisfactory evidence of identification \_\_\_\_\_  
*government-issued ID. Do NOT use military ID*

To be the above named person who signed the foregoing instrument,

Witness my hand and official seal \_\_\_\_\_  
*notary signature* *date commission expires* *seal*

## C. High School Completion

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Check the box of the document you will attach to this worksheet:

- High school diploma or high school transcript including graduation date.
- Official documentation from high school counselor stating your graduation date and reason why high school diploma/ transcript is unavailable.
- General Education Development (GED) Certificate
- Academic transcript of a successfully completed two-year program acceptable for full credit toward a bachelor's degree.
- If you are a homeschooled student, a transcript or equivalent, signed by parent or guardian, listing secondary school courses you have completed and documentation that you have successfully completed secondary school education. If you are a homeschooled student, a secondary school completion credential provided under State law.
- If you do not have documentation meeting any of the above requirements, seeking an associate degree or its equivalent, and excelled academically in high school, you may provide documentation of the high school stating that you excelled academically in high school and documentation from your current/future postsecondary institution that you have met the formalized, written policies of admitting such students.

## D. Sign This Worksheet

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By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

Note: Electronic signatures are NOT acceptable.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Parent (must sign)

\_\_\_\_\_  
Date

Note: Electronic signatures are NOT acceptable.

Sign and date this worksheet and all required documents. You may submit the worksheet along with all required forms to:

Office of Financial Assistance and Veteran Affairs  
66 George Street Charleston, SC 29424  
P:843.953.5540 F:843.953.7192  
Email: [financialaid@cofc.edu](mailto:financialaid@cofc.edu)