

## Carey Business School, Office of Financial Aid

## 2019-2020 Identity and Statement of Educational Purpose (To be Signed with Notary)

Your 2018–2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before disbursing Federal Student Aid, you must confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school 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 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.

WARNING: Anyone who purposely gives false or misleading information on this worksheet may be fined, sentenced to prison, or both.

Student's Pr	inted Name	Student's ID Number
Instructions:		
If the student is unable to appear in person student must provide:	at Johns Hopkins University Care	y Business School to verify his or her identity, the
(a) A copy of the valid government-issued not limited to a driver's license, other state-i		wledged in the notary statement below, such as b
(b) The original notarized Statement of Edu		
	Statement of Educational Pu	rpose
I certify that I, (Print Student's Name)	am the individual signing this St	tatement of Educational Purpose and that the
federal student financial assistance I may re Johns Hopkins University Carey Busine		al purposes and to pay the cost of attending
Certification and Signatures		
Each person signing this worksheet certifies This worksheet must be signed by the stude		is complete and correct.
St	udent Signature	Date
N	otary's Certificate of Acknowledgen	nent
State of_		
City/County of _		
On , before me		,
(Date)	(Notary's name)	
personally appeared, _	•	ovided to me on basis of satisfactory evidence of
(Printed name o	f signer)	
identification _ (Type of government issu		ed person who signed the foregoing instrument.
WITNESS my hand and official seal		
		My commission expires on
(Notary Signature)	(affix seal here)	(Date)
Please return com Office of Financial Aid	pleted form via postal mail using th	ne contact information below.  carev.finaid@ihu.edu

Phone: 410-234-4733

Fax: 443-529-1536