

Notary Signature

My commission expires on _

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

WITNESS my hand and official seal

(Seal)

CRI CODE: FAC25SEP

2025-2026 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called 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. To verify that you provided correct information GSU 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 and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at GSU. We may need to ask for additional information in the future. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University.

riginal copy will be acc		copical incress aciasing the p	or you	ur financial aid award and only
udent Name:		GSU ID #_		Last 4 digits of SS#:
(Please Print)	Last	First		
ermanent Home Addres	s:			
	City		State	Zip Code
udent's Date of Birth: _		Home Phone #:		Cell #:
 In addition, you re you are not able to app The original sign 	must sign the St ear in person, y ed and notarize	tatement of Educational Purpos	e provided below pose provided be	elow.
		STATEMENT OF EDUCATION		
certify that I, Print Stu	dent's Name	, am the individual	signing this State	ement of Educational Purpose and
hat the federal student ttending Governors Sta			used for educatio	onal purposes and to pay the cost of
tudent Signature		Date		
		NOTARY'S CERTIFICATE OF ACKION (Only complete this section if you cannot		
state of	City	y/County of		On
				Date
efore me,	Notary's Name	, personally appeared	d,Pri	nted name of signer
rovided to me on basis	of satisfactory	evidence of identification		
			Type of gover	nment-issued photo ID provided