

# UNIVERSITY OF HARTFORD

V4, V5

## 2016-2017 Identity/Statement of Educational Purpose Worksheet

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal law requires that, before we may pay Federal Student Aid, we need to confirm the information reported on your FAFSA. The Financial Aid Office will compare your FAFSA information with this worksheet and attached documents. If there are differences, your FAFSA information may be corrected and your financial aid could change.

***This worksheet must be submitted within two weeks of receipt of the request.  
Failure to submit these documents could result in cancellation of your financial aid awards.***

**A. Student Information** – Please provide only the student’s information for this section.

Name \_\_\_\_\_ University ID# \_\_\_\_\_

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

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

The student **must appear in person at the University of Hartford Office of Student Financial Assistance** 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 with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the following:

### Statement of Educational Purpose

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

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 University of Hartford for 2016-2017.

\_\_\_\_\_  
(Student’s Signature)

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

\_\_\_\_\_  
(Student’s ID Number)

\_\_\_\_\_  
(Financial Aid Administrator’s Signature)

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