Office of Financial Aid

Custom Verification (V4) Independent Student 2023-2024 Verification of information filled out on FAFSA identified by Department of Education that may not match records.



STUDENT INF	ORMATION	
Student Name:	Student ID:	
Student Address:	Student Date of Birth:	
City, State, Zip:	Student Email:	
Student Phone:	Student Alternate Phone:	
PROOF OF	IDENTITY	
the name of the official at the institution authorized to colle Not in Person: If the student is unable to appear in person at Grayson Colle institution a copy of the unexpired valid government-iss	ot limited to, a driver's license, other state-issued ID, or e's photo ID that is annotated with the date it was received and cet the student's ID. The ege to verify their identity, the student must provide to the	
STATEMENT OF EDU	CATIONAL PURPOSE	
In Person: The student must sign, in the presence of the institutional of	official, the Statement of Educational purpose provided below:	
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 Grayson College for 2023-2024.		
(Student Signature)	(Student ID Number) (Date)	
Not in Person: If the student is not able to appear in the presence of the in Purpose, provided above, must be notarized.	nstitutional official, the original Statement of Educational	

State of	City/County of	
On	, before me,	personally appeared,
(date)	(Printed n	ame of Notary)
	, and provided to	me on basis of satisfactory evidence of identification
(Printed	I name of Signer)	
	to be the all	name who signed the foresing instrument
(Type of unevnired, cov	vernment-issued ID provided)	person who signed the forgoing instrument.
(Type of unexpired, gov	veriment-issued iD provided)	
WITNESS my hai	nd and official	
WITNESS my han	nd and official	
(Seal)		
(Seal)		(Notary's Signature)
·	pires on	(Notary's Signature)
(Seal)	pires on	
(Seal) My commission ex	(Date) CERTIFICATIONS ANI	

Student Signature:

Date:

Student Printed Name:

Send forms to: Grayson College Financial Aid Office 6101 Grayson Drive, Denison, TX 75020-8299 Email forms to: financialaid@grayson.edu Fax forms to: 903.463.3908