



2025-2026 Verification Worksheet V4  
 Dependent/Independent Student

Office of Financial Aid  
 Elizabethtown College  
 One Alpha Drive  
 Elizabethtown PA 17022  
 Phone: (717) 361-1404  
 Fax: (717) 361-1514  
 Email: finaid@etown.edu

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: B B B B B B B B

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we are required to verify your identity and collect a signed Statement of Educational Purpose.

Instructions: Sd3 Td [( S Sd3 n EMC z8MCID n EMC znb TJ T\* [(b)-8 (ei)-6 (n)-8 (g)-4 ( p)-8 (res)-5 (en)-8 (t)]TJ  
 (Print Student Name)

Purpose and that the federal student financial assistance I may receive will only be used for education to pay the cost of attending Elizabethtown College for the 2025-2026 year.

\_\_\_\_\_  
 (Student's Signature)

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

For Financial Aid Office Use Only

\_\_\_\_\_  
 (Staff Signature)

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

Viewed Original Document \_\_\_\_\_  
 (Staff Initials)

**2. Identity and Statement of Educational Purpose**  
(To be Signed in the Presence of a Notary)

If the student is unable to appear in person at Elizabethtown College to verify his or her identity, the student must provide the following to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to: a driver's license, ~~issued state-~~ or passport; and
- (b) The original Statement of Education Purpose provided below which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's Name)

personally appeared \_\_\_\_\_, and proved  
(Printed Name of Signer/Student)

Because of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal  
(Seal)

\_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_  
(Date)

Please return completed forms to:

Office of Financial Aid  
Elizabethtown College  
One Alpha Drive  
Elizabethtown, PA 17022