

VERIFICATION FORM 2024-2025

CUSTOM VERIFICATION GROUP| V4

A. GENERAL INFORMATION

Student

(First Last Name) (Second Last Name) (Name) (Middle Initial)

Banner® ID Social Security Number

Date of Birth / / | Telephone |

(mm) (dd) (yyyy)

| Cell Phone |

Mailing Address

E-mail Address

B. DEPENDENCY STATUS

Indicate if your a dependent or an independent student.

C. HOUSING

While studying at Pontifical Catholic Univesity of Puerto Rico, you will live:

With your parents/relative | On Campus- PCUPR | On own house/private lodging

D. CERTIFICATION

Read, carefully, and sign.

I **CERTIFY** that:

- To the best of my knowledge, the information provided on this form is complete and correct.
- I understand that if, I provide false misleading information in order to receive financial aid, I may be fined, sentenced to prison, or both.
- I am the person who signs this document and I understand that the federal aid that I could receive at the **Pontifical Catholic University of Puerto Rico** if for the purpose of paying my study costs at the institution for the 2024-2025 academic year.

And, I authorize the **Financial Aid Office** of the **PCUPR**, as agent in the administration of federal and state funds, to obtain, if necessary, a copy of the Puerto Rico Income Tax Return filed by me to the Puerto Rico Department of Treasury, a copy of the IRS Income Tax Return, or any additional information or document, for the corresponding year.

Student's Signature

Date

Parent's/Spouse's Signature

Date

E. IDENTITY VERIFICATION AND STATEMENT OF EDUCATIONAL PURPOSE

(To be signed at the Institution.)

The student must appear in person, at **Pontifical Catholic University of Puerto Rico**, 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 copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional 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 **PCUPR| Pontifical Catholic University of Puerto Rico** for 2024-2025.

Student's Signature

Date

Student's ID Number

F. IDENTITY VERIFICATION AND STAMENT OF EDUCATIONAL PURPOSE

(To be signed in the presence of a Notary.)

If the student is unable to appear in person, at **Pontifical Catholic University of Puerto Rico**, to verify his or her identity, the student must provide 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, other state-issued ID, or passport; and
- (b) The original Statement of Educational 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

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 **PCUPR| Pontifical Catholic University of Puerto Rico** for 2024-2025.

Student's Signature

Date

Student's ID Number

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ City/County of _____

On, _____, before me, _____
(Date) (Notary's name)

personally appeared, _____, and proved to me because of
(Printed name of signer)

satisfactory evidence of identification _____ to be the above-named person who
(Type of unexpired government-issued photo ID provided)
signed the foregoing instrument.

WITNESS my hand and official seal _____
(Notary's signature)

My commission expires on _____.

WARNING

If you purposely give false or misleading information, you may be fined, sent to jail, or both.