## Verification of ID & Statement of Educational Purpose (V4/V5) 2025-26



Your 2025-26 FAFSA was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you for information to compare to the FAFSA. If you have questions contact School of Medicine Financial Aid 203-582-5100.

Return this form in person or by mail – Originals only to:
Quinnipiac University, School of Medicine - Office of Financial Aid, 275 Mt Carmel Ave, NH-MED, Hamden, CT 06518

Section 1 - Student inic	ormation			
Student's Last Name	Student's First Name	Student's M.I.	Student's QU ID	
City	State	Zip Code	Student's Email Address	
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number	
Section 2 – Educational	Purpose Statement			
I certify that I	(Drint C	NA al a matica. N. a mara N	am the individual signing this	
	(Print S	Student's Name)		
			ial assistance I may receive will only innipiac University for 2025-26.	
Student's Signature (Rec	quired)	Date	<del></del>	
Proof of Identity (Co	mplete A or B)			
Student's Signature (Rec	quired)	Date Document Rece	ived	
	ent is NOT able to appear			
	the following documentat			
<ul> <li>below, or that is p</li> <li>The original State separate page the</li> </ul>	presented to a notary, such tement of Educational Pu	as, but not limited to, a crpose (see above), that	(ID) document that is acknowledged in the notary statement driver's license, other state-issued ID, or passport; and timust be notarized. If the notary statement appears on a ust be a clear indication that the Statement of Educational	
	Not	tary's Certificate of Ackr	nowledgement	
state of	City/Cou	unty of	on	
Before me.				
(Notary's	s name)		(printed name of signer)	
ind provided to me on basis	of satisfactory evidence of id	entification	to be the above-named of government issued photo id provided)	
person who signed the foreg	oing instrument.	(type	oi government issuea prioto la providea)	
Witness my hand and officia	l seal		My commission expires on	
,	(Notary's signature	e)	(Date)	

(SEAL)