Yeshiva University – Office of Student Aid

2025-202 Independent Verification Worksheets V4 (Customized)

Student's Information

	Student's First Name M.I	Student's YU ID Number			
Student's Street Address (include apt. r	no.) City	tateS Zip Code			
Student's CelPhone Number		Student's Email Address			
Identity and Statement of Educational	Purpose (To Be Signed at the Ir	nstitution)			
The student must appear in person a Yes presenting alid government ssued photo state issued D, or passport. The institution the date it was received and the name of In addition, the student must sign, the p	identification (D), such as, but no n will maintain a copy of the stud of the officiathe institution author	ot limited to, a driver's Icense, other dent's photo IDat is annotated with rized to collect the student's D.			
Stat	ement of Educational Purpose				
I œrtify that I					
	-	·			
Student's Signature	Date	U NO Number			
	Date	U NO Number			
Student's Signature Office use Only		U NO Number Title			

Identity and Statementof Educationa Purpose (To BeSignedWith Notary)

 $If you are unable to appear in personat Yeshiv \verb| University, Of fice of Student Finance to verify your identity, you must provide:$

- (a) A copy of the valid government is sued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other states ued ID, or passport; and
- (b) TheoriginalnotarizedStatementof EducationaPurposeprovidedbelow.

Statement of	Educational	Purpose
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I certify that I	rify that I aindthielualsigning thisStatement of				
Educational Purpose and that the federal student financialistance I may received only beused for educational purposes and to pay the cost of attending Yeshiva University for 2025-2					
Student's Signature	Date	Student's YU II	O Number		
Notary's Certificateof Acknowledgement					
State of					
City/County of					
On, before me,		, pe	rsonallyappeared		
Date	Notary's nam	е			
	, andprovidedto me	on basisof satisfactoryevid	denceof identification		
Printed name of signer					
		medpersonwho signedthe	e foregoinginstrument.		
Type of governmenitssued photo ID provided					
WITNES®ny hand and official seal					
(seal)			_		
My commissiorexpireson	Notarysignature				
Date					
Certification and Signatures:					
Eachpersonsigningbelow certifies that all one parent whose information was reported	•	•	ct.Thestudentand		
Student'sSignature	Studentl	Name(PleasePrint)	Date		