

Office of Undergraduate Financial Aid 275 Mount Carmel Avenue | Hamden, CT 06518-1908 Phone: 203-582-8750 | Fax: 203-582-4060 finaid@qu.edu | qu.edu |

2025–26 Verification of Identity and Statement of Educational Purpose

(To be signed in the presence of a notary)

Your 2025–26 Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. Please complete and sign this worksheet, attaching any required documents, and continue to monitor Self-Service to avoid missing additional document requests. If you have any questions about verification, please contact our office to avoid processing delays.

Student's last name	Student's first name		Student's QU ID#
Student's street address (include apt. no.)			Date of birth
City	State	Zip	Cell/Home phone number (include area code
If the student is unable to appear in person at identity, the student must provide to the institu		Iniversity to verify his or he	er
a. A copy of the unexpired valid government-in that is presented to a notary, such as, but n			
			ust be notarized. If the notary statement appears on a cation that the Statement of Educational Purpose wa
Statement of Educational Purpose			
I certify that IPrint student's name	am	the individual signing this S	Statement of Educational Purpose and that
the Federal student financial assistance I may Quinnipiac University for 2025-2026.	receive will	only be used for educationa	l purposes and to pay the cost of attending
Student's signature (required)			Date
Notary's Certificate of Acknowledgment			
State of			
City/County of			
On, before me,			,
Date		No	tary's name
personally appeared,		and proved to me be	ecause of satisfactory evidence of identification
Printed name of	signer		
Type of unexpired government-issued photo	ID provided		person who signed the foregoing instrument.
NITNESS my hand official seal			
seal		Notar	y signature
My commission expires on Date			Rev. 10/24