

Financial Aid Office 615 N. Wolfe St, E1002 Baltimore, MD 21205

Phone: 410-955-3004

# PLEASE RETURN THIS COMPLETED FORM VIA POSTAL MAIL ONLY 2024-2025 Identity and Statement of Educational Purpose (To Be Signed with Notary)

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before disbursing Federal Student Aid, you must confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

WARNING: Anyone who purposely gives false or misleading information on this worksheet may be fined, sentenced to prison, or both.

Student's Printed Name

Student's ID Number

### Instructions:

If the student is unable to appear in person at **Johns Hopkins University Bloomberg School of Public Health** to verify his or her identity, the student must provide:

(a) A copy of the <u>unexpired</u> valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
(b) The original notarized Statement of Educational Purpose provided below.

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### **Statement of Educational Purpose**

I certify that I, \_\_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the

(Print Student's Name)

federal student financial assistance I may receive will only be used for educational purposes and

to pay the cost of attending Johns Hopkins Bloomberg School of Public Health for 2024-2025.

#### **Certification and Signatures**

Each person signing this worksheet certifies that all the information reported on it is complete and correct. This worksheet must be signed by the student.

Student Signature

Date

# Notary's Certificate of Acknowledgement

State of			
City/County of			
			_
On	, before me		
(Date)		(Notary's name)	
personally appeared,		, and provided to me on basis o	f satisfactory evidence of
	(Printed na	me of signer)	
identification		to be the above-named person who signed	the foregoing instrument.
(Type of	government issued unexpired	d photo ID)	
WITNESS my har	nd and official seal		
		My commission expir	es on
(Notary Signature)		(affix seal here)	(Date)