



Bronx Campus  
Office of Student Financial Services  
2501 Jerome Avenue  
Bronx, NY 10468  
Phone: (646) 393-8400

New Rochelle Campus  
Office of Student Financial Services  
434 Main Street  
New Rochelle, NY 10801  
Phone: (914) 740-6849

## 2025-26 CUSTOM VERIFICATION GROUP (V4) IN-PERSON

Your Free Application for Federal Student Aid (FAFSA) was selected by the federal Department of Education for review in a process called "Verification". In this process, the Office of Student Financial Services will compare information from your FAFSA with this worksheet and with any other required documents. The Verification must be finalized prior to the distribution of federal aid. If inconsistencies are found between your FAFSA, verification worksheet, and other documentation, the Office of Student Financial Services may electronically amend the necessary changes.

1. Complete all sections of this worksheet that apply to you.
2. Submit the completed and signed Verification Worksheet along with the requested documentation to the Office of Student Financial Services.

### A. STUDENT INFORMATION (Please Print)

Last Name	First Name	Monroe University ID Number
Address (include Apt.#)	City	State
	Zip Code	Date of Birth (MM/DD/YYYY)
Cell Phone #	Home Phone #	Personal E-Mail
( )	( )	

### B. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (Must Be Signed at the Institution)

The student must appear in person at Monroe University - Bronx/New Rochelle Campus 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 a 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 designated financial aid administrator official, the Statement of Educational Purpose provided below.

#### IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's First Name and Last Name)  
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of  
attending Monroe University - Bronx/New Rochelle Campus for 2025-26.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Monroe University ID Number

\_\_\_\_\_  
Date

Student's First and Last Name: \_\_\_\_\_ Monroe University ID Number: \_\_\_\_\_

### C. CERTIFICATION

The student signing this worksheet certifies that all the information reported on this form is complete and accurate. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined up to \$20,000, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Completed by the designated financial aid administrator:

ID Type: \_\_\_\_\_ Copy of ID attached: ☐

Designated FAA Name: \_\_\_\_\_  
(Print Designated FAA Name)

Designated FAA Title: \_\_\_\_\_

Designated FAA Signature: \_\_\_\_\_ Date: \_\_\_\_\_