

Student Name

## 2025-2026 V4 VERIFICATION FORM (OFFICE)

Student Name.	OF ID Number:
for a process called verification. Institutions are mar based on specific criteria established by the ED befo	Aid (FAFSA) was selected by the U.S. Department of Education (ED) ndated by Title IV (federal) regulations to verify FAFSA information ore disbursing federal student aid. The University of Iowa Office of on from your processed FAFSA with the information on this form and
government-issued photo identification (ID), such as	OSFA staff member. You will need to present an unexpired valid s, but not limited to, a driver's license, other state-issued ID, or nail, fax, or e-mail. OSFA will maintain a copy of your photo ID.
reviewed. If additional documentation is required aft UI email regularly for financial aid processing update in at least six weeks before the start of the semester	es a minimum of 14 business days for verification documents to be ter initial review, processing time will be extended. Please check your es. To avoid delays in aid disbursement, please have the form turned in that you need the disbursement. For more information about nancialaid.uiowa.edu/applying-for-aid/federal-verification.
This document will NOT be accepted by mail, fax, or	r email. You must bring both pages to our office to complete in the
presence of an OSFA staff member.	
Student's signature	Date

III ID Number

Student Name:	UI ID Number:	
A. Verification of Student's Identity		
government-issued photo identification (ID)	erson at The Office of Student Financial Aid and s, such as, but not limited to, a driver's license, ot photo ID. If you are not taking classes on camp	ther state-issued ID, or
On ,		personally appeared, and
(Date)	(Student's Name)	
provided to me an unexpired		
(Type of Go	vernment-Issued Photo ID Providedi.e., driver's license, pas	sport)
(Received By -OSFA Staff Printed Name)	(Received By— OSFA Staff Signature)	(Date)
B. Statement of Educational Purpose		
Γhe student must sign the following in the μ	presence of an OSFA staff member:	
this Statement of Educational Purpose and t	(print student's name) that the federal student financial assistance I ma st of attending The University of Iowa for the 202	ay receive will only be used
Student's Signature	Date	Student's UI ID Number