

## 2023-2024 V4 Verification Documentation

Your 2023-2024 FAFSA (Free Application for Federal Student Aid) was selected for review in a process called "**Verification**". Verification guidelines state that RHSHS must confirm the following information prior to awarding financial aid.

**NOTE: You must complete and sign Section B of this form in the presence of a Financial Aid Office staff member.**

Please call the Financial Aid Office at 484-628-0106 if you have any questions.

### A. Student's Information

_____	_____	_____	_____
Last Name	First Name	M.I.	School ID #

_____	_____
Street Address (include apt. no.)	<i>No P.O. Box Numbers</i>
_____	_____
	Date of Birth

_____	_____	_____	_____
City	State	Zip Code	Email Address

_____	_____
Home Phone Number (include area code)	Alternate or Cell Phone Number

**B. Identity and Statement of Educational Purpose  
(To Be Signed at the Institution)**

The student must appear in person at **Reading Hospital School of Health Sciences** 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.

\_\_\_\_\_  
(Institution Official's Signature)      \_\_\_\_\_  
(Date)

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual  
(Print Student's Name)

signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Reading Hospital School of Health Sciences** for 2023-2024.

\_\_\_\_\_  
(Student's Signature)      \_\_\_\_\_  
(Date)

\_\_\_\_\_  
School ID Number)