



Southeastern Illinois College  
 Financial Aid Office  
 3575 College Rd.  
 Harrisburg, IL 62946  
 Phone: (618) 252-5400 Fax: (618) 252-3062  
 Email: [fao@sic.edu](mailto:fao@sic.edu)

2024-2025  
 Custom Verification  
 Independent

V4

Your application was selected for review in a process called 'Verification'. In this process, the Financial Aid Office will be comparing information from your FAFSA with information provided on this document. ***The law authorizes us to ask you for this information before awarding federal aid. If there are differences between your application information and your financial documents, the Financial Aid Office may send corrections electronically to have your information reprocessed. Complete verification as soon as possible so your financial aid will not be delayed.***

### Section A - Student Information

_____	_____	_____	_____
Last Name	First Name	M.I	Student ID Number
_____			_____
Address			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Phone Number

### Section B- Statement of Educational Purpose

The student must appear in person at Southeastern Illinois College to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

If the student is not submitting this paperwork to the Financial Aid Office in person, this section must be completed and signed in the presence of a Notary Public.

In addition, the student must sign, in the presence of the institutional official or Notary Public, the following:

#### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
(print student's name)  
 that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Southeastern Illinois College for 2024-2025.

**To be completed by Financial Aid Officer if submitting in person:**

_____	_____
Financial Aid Officer Name Printed	Financial Aid Officer Title
_____	_____
Financial Aid Officer Signature	Date

To be completed by a Notary Public if submitting by mail:

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
Date Notary's name

personally appeared, \_\_\_\_\_, and provided to me  
Printed name of signer

on basis of satisfactory evidence of identification \_\_\_\_\_  
Type of government-issued photo ID provided

to be the above-named person who signed the foregoing instrument.

### WITNESS my hand and official seal

\_\_\_\_\_  
Notary signature

My commission expires on \_\_\_\_\_  
Date

Seal

## Section C – Signatures Required

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By signing this worksheet, we certify that all the information reported to qualify for Federal Student Aid is complete and correct.

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Spouse Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**