

2022-23 Custom Verification Worksheet

Federal Student Aid Programs

First name	M.I.	Student ID#
		Date of birth
State	ZIP Code	Phone number (include area code)
lucational Pur	pose – To be s	igned in person
entification, suc The institution veived and the r	h as, but not linwill maintain a contain a contain a contain a market of the office of	te to verify your identity by presenting nited to, a driver's license, other state copy of the student's photo ID that is cial at the institution authorized to tatement of educational purpose below.
nal purposes ar		am the individual signing this ent financial assistance I may receive of attending Suffolk County
		Date:
		Date:
	State Iucational Purple of the County Corentification, such the institution weived and the reserved and that the purposes are 2023.	State ZIP Code Jucational Purpose – To be service of the County Community College entification, such as, but not line a financial aid office official the served and the name of the office official the service of the cost

Ctudent Information

This form must be returned in person to your campus Financial Aid Office.