



7750 Montpelier Road  
Laurel, Maryland 20723  
www.muih.edu  
410-888-9048

**Financial Aid Office  
2022-2023  
Verification Worksheet Form (V4)**

Your 2022-2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this verification worksheet, attach any required documentation, and return the forms to our office. Upon review of the documents, we may request additional information. If you have questions regarding verification, contact us as soon as possible so that your financial aid will not be delayed.

**A. Students information**

|                     |                       |
|---------------------|-----------------------|
| Student Name:       | MUIH ID/ SSN          |
| Address:            | Daytime Phone Number: |
| City/State/Zip Code | Date of Birth:        |



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B. Identity and Statement of Educational Purpose

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

The student must appear in person at Maryland University of Integrative Health 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.

If the student is unable to appear in person at Maryland University of Integrative Health to verify his or her identity, the student must provide to the institution:

- 1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to – Driver’s license – Other state-issued ID – Passport
2. The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the (Print Student’s Name)

Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Maryland University of Integrative Health for 2022-2023.

(Student’s Signature) (Student’s ID Number) (Date)

Notary’s Certificate of Acknowledgement

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

On \_\_\_\_\_ before me \_\_\_\_\_ (Date) (Notary’s Name)

personally appeared \_\_\_\_\_ and proved to me on basis of satisfactory evidence of (Printed Name of Signer)

Identification \_\_\_\_\_ to be the above-named person who signed the foregoing instrument. (Type of Government-Issued Photo ID provided)

WITNESS my hand and official seal (SEAL)

(Notary Signature)

My commission expires on \_\_\_\_\_ (Date)



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**C. Certification**

By signing below, I/we certify all the information reported on this worksheet is true, complete and accurate. I understand the Financial Aid office may request additional documents to verify the information requested on this form and on my FAFSA. I authorize the Financial Aid Office to perform necessary electronic ISIR corrections on my behalf. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we understand if we purposely give false information I/we may be fined, sentenced to jail or both. If you are a dependent student, one parent must sign below.

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Student signature    Date    Student name (Please Print)

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Spouse Signature (If Student is married)    Date    Spouse Name (Please Print)