



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

**Financial Aid Office  
2020-2021  
Verification Worksheet Form (V4)**

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says 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. High School Completion Status**

Provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2020-2021:

- A copy of the student's high school diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded
- A copy of the student's General Educational Development (GED) certificate, an official GED transcript that indicates the student passed the exam, or a state-authorized high school equivalent certificate.
- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- For a homeschooled student from a state where state law requires the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- For a homeschooled student from a state where state law does not require the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent). A transcript or the equivalent, signed by the student's parent or guardian that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.
- . Former military unable to obtain High School documentation, may accept a DD214 form. (DD214 must indicate individual is a High School graduate or equivalent.)

**A student who is unable to obtain the documentation listed above must contact the financial aid office**



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**C. 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. 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. In addition, the student must sign, in the presence of the institutional official, the Statement of Education Purpose provided below.

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.

**PLEASE NOTE:** Per federal regulations, Maryland University of Integrative Health CANNOT accept this document through email or fax. You MUST MAIL this original document, along with the copy of the photo ID presented to the Notary, directly to Maryland University of Integrative Health at 7750 Montpelier Rd, Laurel, MD 20723, Attention to: Financial Aid Office, Maryland University of Integrative Health.

**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 2020-2021.

\_\_\_\_\_  
(Student’s Signature)

\_\_\_\_\_  
(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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**STEP 5 – 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)
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