



www.uvi.edu

University of the Virgin Islands - Office of Financial Aid

2025-2026 CUSTOM Verification Worksheet

V4
Independent

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal law states that before any Federal Student aid can be awarded, you must confirm **Identity and Educational Purpose** as outlined in this worksheet.

The documents will be used to verify that the information reported on your FAFSA is correct. Any discrepancies will result in revision of your FAFSA. You must complete and sign the worksheet, attach all required documents, and submit to the University of the Virgin Islands Financial Aid Office. If you have questions about verification, contact us at financialaidstx@uvi.edu or 340-692-4193, St. Croix or at financialaidstt@uvi.edu 340-693-1090, St. Thomas.

What you should do

1. Talk to your financial aid administrator if you have any questions about completing this worksheet.
2. Complete and sign the worksheet.
3. Submit the completed worksheet and any other required documents your school requests to your financial aid administrator.
4. Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your FAFSA. You or your school may need to make corrections electronically or by using your FAFSA Summary.

A. Student's Identity and Contact Information

_____		_____		_____	
Last Name	First Name	M.I.	Last 4 Digits of SSN	ID Number	
_____			_____		
Mailing Address			Date of Birth		
_____		_____		_____	
City	State	Zip Code	Email Address		
_____			_____		
Home Phone Number (include area code)			Alternate or Cell Phone Number		

B. Student's Family Size Information

Note: Family Size is based on the number of individuals listed and claimed on your Tax Return to include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any; or others claimed on the tax return.

Include the name of the college for any family size member(s) who will be enrolled in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2025 and June 30, 2026.

If more space is needed, attach a separate page with the student's name and UVI student ID number at the top.

Full Name	Age	Relationship	College/University	Will be Enrolled
<i>Marty Jones (example)</i>	28	<i>Spouse</i>	<i>Central University</i>	<i>Yes</i>
		Self	University of the Virgin Islands	

Note: Additional documentation for the family member(s) enrolled at an eligible postsecondary educational institution may be required.

C. Identity and Statement of Educational Purpose (See Enclosed Supplement Form) Student's Information

- If you are able to submit this form in person, you **must** complete **Section F - Part 1** in the presence of your Financial Aid Officer at your school.
- If you are unable to submit this form in person, you **must** complete **Section F - Part 2** in the presence of a Notary Public and mail the completed form and notarized document to your school's Financial Aid Office.

D. Certification & Signature

I certify that all the information reported on this worksheet is complete and correct.
 The student must sign this worksheet. If married, the spouse's signature is optional.

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

 Student's Signature Date

 Spouse's Signature Date

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the University of the Virgin Islands financial aid office.



www.uvi.edu

Section F - Part 1: Identity and Statement of Educational Purpose

_____ | _____ | _____ | _____
 Last Name First Name M.I. Last 4 Digits of SSN ID Number

If you are able to submit this form in person, you must complete **Section F - Part 1** in the presence of your Financial Aid Officer at your school.

The student must appear in person at _____ **University of the Virgin Islands** _____ to verify
(Name of Postsecondary Educational Institution)

his or her identity by presenting a **valid, not expired, 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.

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

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

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 _____ **University of the Virgin Islands** _____ for 2025-2026.
(Name of Postsecondary Educational Institution)

(Student's Signature) _____
(Student's ID Number) _____
(Date)

Office Use Only

Financial Aid Officer's Name _____
Financial Aid Officer's Signature _____
Date



Section F - Part 2: Identity and Statement of Educational Purpose

_____ | _____
 Last Name First Name M.I. Last 4 Digits of SSN ID Number

If you are unable to submit this form in person, you must complete **Section F - Part 2** in the presence of a Notary Public and mail the notarized documents to your school's Financial Aid Office.

If the student is unable to appear in person at University of the Virgin Islands to
(Name of Postsecondary Educational Institution)

verify his or her identity, the student must provide:

- (a) A copy of a valid, not expired, government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

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 University of the Virgin Islands for 2025-2026.
(Name of Postsecondary Educational Institution)

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

Notary's Certificate of Acknowledgement

No Foreign Notaries. No Online Notaries

State of _____, City/County of _____

On _____, before me, _____, personally appeared,
(Date) (Notary's name)

_____, and provided to me on basis of satisfactory evidence of
(Printed name of signer)

Identification _____ to be the above-named person
(Type of government-issued photo ID provided)

who signed the foregoing statement.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)