



Student Information

LAST NAME	FIRST NAME	MI	SIS STUDENT ID	DATE OF BIRTH

Instructions:

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. Federal regulations require the School of Medicine Office of Financial Aid to verify specific information you have provided on your 2024-2025 FAFSA prior to awarding and disbursing financial aid. You are required to submit this form and any supporting documentation to the School of Medicine Office of Financial Aid for processing.

INCOMING AND CURRENT CWRU MD, PA, AND MSA STUDENTS:

Please upload the completed form and supporting documentation to the **Statement of Educational Purpose** link on the My Financial Aid portal, 'Documents and Messages' page.

If you have any questions, please contact our office at medfinancialaid@case.edu.

STATEMENT OF EDUCATIONAL PURPOSE & PROOF OF IDENTITY

You must provide BOTH:

- 1) A copy of the unexpired, valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that presented to a notary, such as, but not limited to, a driver's license, other state issued ID, or passport; and
- 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, this 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 federal student financial assistance I may receive will only be used for educational purposes, and to pay the cost of attending Case Western Reserve University for 2024-2025.	
STUDENT'S SIGNATURE	DATE SIGNED
STATE	CITY/COUNTY

On ___/___/___ before me, _____, personally appeared _____ and
Notary's Name Printed Name of Signer

provided to me on the basis of satisfactory evidence of identification _____ to be the above
Type of Government-Issued ID Provided

named person who signed the foregoing instrument.

WITNESS MY HAND AND OFFICIAL SEAL

My commission expires on: ___/___/___ .

	NOTARY'S SIGNATURE
	DATE