

A. Student Information:

2025-2026 Statement of Educational Purpose - V4

Your FAFSA was selected for review by the U.S. Dept. of Education in a process called Verification. Federal Student Aid requires Regis to confirm the information you reported on your FAFSA prior to disbursing funds. To verify that you provided correct information, Regis will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and documents to the Office of Financial Aid.

Student Last Name	Student First Name	Student M.I.	Student ID		
Student Street Address (include apt. no.)			Student Date of Birth		
City	State Zip	Code	Student Phone Number		
B. <u>Certification of Id</u>	lentity and Statement	of Educational P	urpose:		
his or her identity by pr to, a driver's license, of photo ID that is annotar	esenting a valid governn ther state-issued ID, or pa	nent-issued photo ssport. The instituti ceived and reviewe	ppear in person at Regis College to verify identification (ID), such as, but not limite ion will maintain a copy of the student's ed, along with the name of the official at the	ed	
The student must complete and sign the following statement in the presence of a Regis College Financial Aid official. If the student is unable to do so, the student must sign and complete in front of a notary AND PROVIDE A COPY OF THE UNEXPIRED VALID GOVERNMENT ISSUED IDENTIFICATION ACKNOWLEDGED BY THE NOTARY:					
I certify that I (<i>print student's name</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 Regis College for the 2025 – 2025 academic year.					
Student's Signature	Stud	dent ID#	Date	_	

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Present this form with original valid government issued photo ID. TO BE COMPLETED BY FINANCIAL AID ADMINISTRATOR

ID Type:	
ID Number:	Exp:
FAA Name:	
FAA Title:	
FAA Signature:	Date:

Submit this form to:

Office of Financial Aid 235 Wellesley Street, Weston MA, 02493-1571

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