DOMINICAN UNIVERSITY of CALIFORNIA

Office of Financial Aid
Telephone: (415) 257-1350
Fax: (415) 485-3294

50 Acacia Avenue, San Rafael, CA 94901-2298
Email: finaid@dominican.edu
Web site: www.dominican.edu/financialaid

2027-28 Independent Custom Verification Worksheet

Student Last Name	First Name	Middle Initial	Dominican Student ID Number

Street Address	City	State	Zip	Phone Number

Your 2027-28 Free Application for Federal Student Aid (FAFSA) was selected for verification, a process in which the Office of Financial Aid must obtain documentation from you to determine eligibility for aid.

Identity Verification – *Please review this entire section prior to completion as there are very specific steps that must be followed. Please note federal law prohibits copying military ID, therefore we cannot accept military ID.*

The student is required to provide valid, unexpired government-issued photo identification, front and back, to verify their identity with the financial aid office. The student may submit the following, but not limited to, a driver's license, other state-issued ID, or passport. You may submit the form in-person, appear over a video call with valid ID and camera on, or submit the form via mail (if unable to appear in person at Dominican University of California's Financial Aid Office, ***see below***).

If you wish to appear over a video call, please contact us for an appointment at finaid@dominican.edu.

If Unable to Visit Office: If a student is unable to visit Dominican University's Financial Aid Office in person to verify their identity, they must submit a copy of an unexpired, valid government-issued photo identification (ID) as specified in the notary statement on the next page.

Notary's Certification of Acknowledgement

To be completed by a notary if the student is unable to appear in person at Dominican University of California.

State of _____ City/County of _____ on _____ ,
(Date)

before me, _____, personally appeared, _____ ,
(Printed Notary's name) *(Printed name of signer)*

and proved to me on basis of satisfactory evidence of 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

_____
(Notary signature)

My commission expires on _____
(Seal) *(Date)*

CERTIFICATION – *To be completed by the student and one parent whose information was reported on the FAFSA. The following signatures certify that all the information reported on this worksheet is complete and correct.* WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature (required)	Date