

16200 Amber Valley Drive, Whittier CA 90604
Phone: (562) 947-8755 Option #2 then #1
Fax: (562) 902-3306
Email: financialaid@scuhs.edu



Office of Financial Aid

2026-2027 V4 Verification Worksheet

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in process called verification. The law says that before disbursing 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 and a spouse, if married, whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to the financial aid office. We may ask for additional information, if necessary, for clarification. If you have questions about verification, contact the financial aid office as soon as possible so that your financial aid will not be delayed.

A. Student's Information – Please fill in with the student's information.

Student's Last Name	First Name	M.I.	Student's ID Number
Permanent Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone #

B. Identity Verification In Person or Video Call

To complete the V4 identity verification, the student must present a valid, unexpired, government-issued photo ID, such as a U.S. passport, driver's license, or other state-issued ID. Identity verification may be completed in person at Southern California University of Health Sciences, through a video call, through a third-party process compliant with NIST IAL2 standards, or by submitting a notarized statement. The institution will maintain a copy of the student's photo ID annotated with the date received and the name of the institutional official authorized to collect the ID.

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature

Date

For Office Use Only

Name of School Official Receiving Form

Date

Copy of Student's Valid ID Attached