

Financial Aid/EOPS Office ◆2277 Napa-Vallejo Hwy ◆ Napa, CA 94558 Main (707) 256-7301 ◆ Toll Free (800) 826-1077

2023-2024 V4 Verification Packet

Student ID	#	Date of Birth		
Student Le	gal Name			
Mailing AddressApartment/				Apartment/Space #
City			State	Zip
Cellular Pho	one #	Hom	e Phone #	
Email Addre	ess			
	Identity and S	Statement of E	ducation	al Purpose
	(To Be	e Signed at the	Institution	on)
governm passport was rece ID.	nent-issued photo identification The institution will maintain a gived and reviewed, and the name and the name and the student must sign, in the	(ID), such as, but not limit copy of the student's photone of the official at the inst	ed to, a driver's to ID that is annotitution authoriz	tity by presenting an unexpired valid license, other state-issued ID, or otated by the institution with the date it zed to receive and review the student's Statement of Educational Purpose
	St	atement of Education	onal Purpose)
1	certify that I		am the individu	ual signing this
S		Student's Name) le and that the Federal stud	dent financial as	ssistance I may receive will only
S	Student's Signature	 Date		itudent's ID #