

2024-2025 Identity and Statement of Educational Purpose

Office of Graduate Financial Aid Phone: (714) 628-2730 gradfinaid@chapman.edu

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for a verification review. To verify that you provided correct information on your FAFSA, we will compare it with the information on this document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Please complete and sign this form and submit with any other required documents. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

STUDENT NAME	ID NUMBER
STUDENT STREET ADDRESS (INCLUDE APT. NO.)	STUDENT DATE OF BIRTH
CITY, STATE, ZIP CODE	STUDENT EMAIL ADDRESS
STUDENT HOME PHONE NUMBER (INCLUDE AREA CODE)	STUDENT DAY TIME NUMBER (INCLUDE AREA CODE)
The student must appear in person to Chapman Un by presenting a valid government-issued photo identific other state-issued ID, or passport (military IDs not a student's photo ID that is annotated with the date institution authorized to collect the student's ID.	iversity Graduate Financial Aid Office to verify identity cation (ID), such as, but not limited to, a driver's license accepted). The institution will maintain a copy of the it was received and the name of the official at the
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CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by the Office of Graduate Financial Aid, I agree to provide proof of the information that I have given on this form. I realize that purposely giving false or misleading information on this form may result in reduced eligibility and/or repayment of aid.