## 2025–2026 Verification Identity / Statement of Educational Purposes

## Instructions to complete this form

Students must complete sections A, B, and C and have the option on sections D and E as follows:

- Section D (may be completed by your campus official) print this form, take proof of identity to your campus and have the campus complete section D; or
- Section E (if you are unable to get to the campus for completion of section D) print this form, take proof of identity to a Notary and have the notary complete section E.

**Note**: Student must provide the school with this original, signed, and notarized form **and** a copy of the photo ID you presented to the Notary Public.

Once you have satisfied sections A, B, C and selected section D, you must have your Financial Aid Officer scan or fax into your electronic file. If you selected section E, see "**Note**" above.

## A. Student's Information (please print)

Student's Last Name	Student's First Name	Student's M.I.	Student's SSN (Last 4-digits)
Student's Street Address (in	nclude apt. no.)	Student's Email Address	
City	State	Zip Code	_
Student's Home Phone Nur	nber (include area code)	Student's Alternate or Cell Phone Number	

## B. Identity / Statement of Educational Purposes

A student must appear in person and present the following documentation to an institutionally authorized individual to verify the student's identity. If a student is unable to appear in person (ex: Online student), he or she must provide a <u>copy</u> of the following documents:

- An unexpired valid government-issued photo identification, such as but not limited to:
  - Driver's license;
  - State issued identification (Non-driver's license);
  - Passport

Student's Name:		SSN (Last 4-digits):			
C.	Statement of Educational Purpose				
	I certify that I	am the individual signing this Statement of			
	(Print Student's Name)				
	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				
	(Name of Postsecondary Educational Institution) for 2	2025-2026.			
	Student's Signature	Date			
	Student's ID Number				
D.	(School Use) Verification and Signature				
	My signature below certifies that I am an authorized representative of this school and that I have personally reviewed th				
	identification document(s) submitted by the student.				
	<b>Note</b> : A copy of the student's unexpired valid government issued ID(s) has been made and placed in the student's file.				
	Identification documents were presented by the student to me on this date://				
	Authorized School Official's Printed Name	Title			
	Signature				
E.	Notary's Certificate of Acknowledgement				
	State of				
	City/County of				
	On, before me	e,,			
	(Date) (Notary's Name)				
		, and proved to me on the basis of			
	(Student's Printed Name)				
		to be the			
	(Type of government-issued photo ID provided)				
	above-named person who signed the foregoing in	istrument.			
	WITNESS my hand and official seal				
	(Seal)	(Notary Signature)			

My commission expires on \_\_\_\_\_

**Note**: Please remember that if you choose to have this form notarized you will need to mail this original form to your Financial Aid Office. Include a copy of the photo ID you presented to the Notary Public.