2024–2025 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.
 Notary Student must provide the school with this original signed and potentiaed form and a conv of the phote ID you.

Note: Student must provide the school with this original, signed, and notarized form <u>and</u> 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		
	ne) ent financial assistance I may receive will only be used for			
	educational purposes and to pay the cost of att	tending		
	for 2024-2025.	(Name of Postsecondary Educational Institution)		
	Student's Signature	Date		
	Student's ID Number			
D.	(School Use) Verification and Signature			
	My signature below certifies that I am an authoritidentification document(s) submitted by the stude	zed representative of this school and that I have personally reviewed the ent.		
	te: A copy of the student's unexpired valid government issued ID(s) has been made and placed in the student's file.			
		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			
		ne,,		
	(Date) personally appeared	(Notary's Name), and proved to me on the basis of		
		inted Name) to be the		
	above-named person who signed the foregoing i	(Type of government-issued photo ID provided)		
	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.