

## 2025–2026 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:

A. Student's Information (please print)

- 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 <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.

Student's La	st Name	Student's First Name	Student's M.I.	Student's SSN (Last 4-digits)
Student's Str	reet Address (inc	ude apt. no.)		Student's Email Address
City		State	Zip Code	
Student's Ho	ome Phone Numb	per (include area code) Studen	t's Alternate or Cell Pho	ne Number
B. Identity	/ Statement of	Educational Purposes		
the stud		=	=	institutionally authorized individual to verify lent), he or she must provide a <u>copy</u> of the
• An un	expired valid gov	vernment-issued photo identifi	cation, such as but not li	mited to:
0	Driver's license	;		
0	State issued ide	ntification (Non-driver's licen	se);	
0	Passport			
Student's N	lame:			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 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 the identification document(s) submitted by the student. Note: 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 **Notary's Certificate of Acknowledgement**

E.

State of					
City/County of					
On, before m	e,				
(Date)	(Notary's Name)				
personally appeared	, and proved to me on the basis of				
(Student's Prin	nted Name)				
satisfactory evidence of identification	to be the				
	(Type of government-issued photo ID provided)				
above-named person who signed the foregoing in	nstrument.				
WITNESS my hand and official soal					
WITNESS my hand and official seal					
(Seal)	(Notary Signature)				

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.

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