

2024-2025

Identity Verification & Statement of Educational Purpose <u>MUST BE IN PERSON</u>

Name: ______ ID #: 770_____

| E-Mail: | Phone #: | | | | | |
|--|--|--------------------------------------|------------------------|-----------------|--------------------|---------------|
| You have been selected for a p order to verify your identity you photo identification (examples of | must appear in person a are listed below), to a Fin | and present this nancial Aid Repr | form, as esentativ | well as /e. | a federally appr | roved form of |
| A valid government issu driver's license, or pass | ued photo identification, s port. | such as but not | limited to | o a curr | ent driver's licer | ise, non- |
| By signing below I, the student, year will only be used for educe | | | | | | 2025 award |
| Note: Aid cannot be disbursed until th | e requested documentation is | received and reviev | wed by the | Financial | l Aid Office. | |
| Last Name | First Name | Date of Birth | Social Security Number | | | |
| Address | City | State | Zip | Phone | | |
| Signature | | | | Date | | |
| Office Use Only: ✓ For documentation presented in person an institution must maintain: ■ An annotated copy of the identification submitted by the applicant, ■ The date the document used to verify the applicant's identity was received, ■ The name of the institutionally-authorized individual that obtained the documentation from the applicant. I certify that I know or have satisfactory evidence that is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument. | | | | | | |
| ID Type | ID Number | | | Expiration Date | | |
| ID Туре | ID Number |) Number | | Expiration Date | | |
| Financial Aid Representative's Name | Signature | | | Date | | |

Internal Version Updated: 03/2024 IDST24