2019–2020 Verification Identity / Statement of Educational Purposes (This Form Must be Notarized)

Your 2019–2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you (and your parent(s) or spouse, if applicable) reported on your FAFSA. To verify that you provided correct information, the financial aid administrator at your school will compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this form, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Student's Last Name	Student's First Name	Student's M.I.	Student's SSN (Last 4-digits)
Student's Street Address (include apt. no.)		Student's Email Address	
City	State	Zip Code	
Student's Home Phone Nur	mber (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 an applicant is unable to appear in person, he or she must provide the institution with:

- A copy of a valid government-issued photo identification, such as but not limited to:
 - Driver's license;
 - > State issued identification (Non-driver's license);
 - Passport

Important: Student must provide the school with this original signed and notarized form.

Statem	nent of Educational Purpose
ertify that I(Student's Printed Na	am the individual signing this Statement of
	lent financial assistance I may receive will only be used for
ucational purposes and to pay the cost of a	ttending ————————————————————————————————————
r 2019-2020.	(Name of Postsecondary Educational Institution)
udent's Signature	Date
tudent's ID Number	
Notary's Certificate of Acknowledgeme	
,	ent
-	
State of	
State of	
State ofCity/County of	
State ofCity/County of	
State of	ore me,, (Notary's Name)
State of	(Notary's Name), and proved to me on basis of s Printed Name)
State of	(Notary's Name) , and proved to me on basis of s Printed Name) to be the (Type of government-issued photo ID provided)
State of	(Notary's Name) , and proved to me on basis of s Printed Name) to be the (Type of government-issued photo ID provided)
State of	(Notary's Name) , and proved to me on basis of s Printed Name) to be the (Type of government-issued photo ID provided)
State of	(Notary's Name)
State of	(Notary's Name) , and proved to me on basis of s Printed Name) to be the (Type of government-issued photo ID provided)
State of	(Notary's Name)