

2024-25 Identity and Statement of Educational Purpose (3SEP)

Student's Name

USC ID

My VIP ID

You must verify your identity and sign a Statement of Educational Purpose. You may complete this in person using the front of this form or you may complete this in the presence of a notary using the back of this form. <u>This form</u> <u>must be mailed, not faxed or emailed, as we need the raised original seal of the notary. You must mail this</u> <u>form with an unexpired proper photo ID attached.</u>

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at ______ to

(Name of Postsecondary Educational Institution) verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I ______ am the individual signing this (Print Student's Name) Statement of 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 ______ for 2024-25. (Name of Postsecondary Educational Institution)

(Student's Signature)

(Date)

(Student's ID Number)

To continue the processing of your federal financial aid, you must complete and return all requested documentation. You will not be awarded federal financial aid until all requested information has been submitted and processed. Please submit this form as soon as possible.

Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at

(Name of Postsecondary Educational Institution) to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; (attach it to this form)
- (b) The <u>original</u> Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I	am the individual signing this
(Print Student'	s Name)
Statement of Educational Purpose an	nd that the federal student financial assistance
I may receive will only be used for e	educational purposes and to pay the cost of
attending	for 2024-2025.
(Name of Postsecondary Education	nal Institution)

(Student's Signature)

(Date)

(Student's ID Number)

To continue the processing of your federal financial aid, you must complete and return all requested documentation. You will not be awarded federal financial aid until all requested information has been submitted and processed. Please submit this form as soon as possible.

Notary's Certificate of Acknowledgement

State of	
City/County of	
On, before me,	
(Date)	(Notary's name)
personally appeared,	, and proved to me
(Printed r	name of signer)
on basis of satisfactory evidence of identification	on
(T	ype of unexpired government-issued photo ID provided)
to be the above-named person who signed the f	foregoing instrument.
WITNESS my hand and official seal (seal)	(Notary signature)
My commission expires on	
(Date))
F	For Office Use Only
□ Copy of government-issued ID received	
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 \Box If signed in person, authorized institutional official has made a copy of government-issued ID received, and signed and dated the copy

Signature:

Date: