

## Financial Aid Offices

Lancaster, Salkehatchie, Sumter, Union

## 2023-24 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student's Name:	VIP ID:
Your 2023-24 Free Application for Federal Student Aid (FAF Before awarding Federal Student Aid, we are required to ve Purpose.	SA) was selected for review in a process called verification. erify your identity and collect a signed Statement of Educational
To Be Signed	at the Institution
by presenting an unexpired valid government-issued photo other state-issued ID, or passport. The institution will maint	to verify his or her identity dary Educational Institution) identification (ID), such as, but not limited to, a driver's license, tain a copy of the student's photo ID that is annotated by the the name of the official at the institution authorized to receive
In addition, the student must sign, in the presence of the in provided below.	nstitutional official, the Statement of Educational Purpose
Statement of E	ducational Purpose
I certify that I(Print Student's Name) Educational Purpose and that the Federal student financial purposes and to pay the cost of attending	
	ostsecondary Educational Institution)
Student's Signature:	Date:
With my signature, I verify that I have obtained a copy of th statement.	e above student's photo ID and witnessed their signature to this
Financial Aid Officer's Signature:	Date:

## To Be Signed in the Presence of a Notary

The stude	ent must appear in person at	(Name of Postsecondary Educational Institution) to verify his or her
Identity, 1	he applicant must provide to the	
no	, ,	nment-issued photo identification (ID) that is acknowledged in the presented to a notary, such as, but not limited to, a driver's license, and
st	atement appears on a separate pa	nal Purpose provided below, which must be notarized. If the notary age than the Statement of Educational Purpose, there must be a clear ucational Purpose was the document notarized.
	State	ment of Educational Purpose
I certify tl	nat I	am the individual signing this
Statemen	•	tudent's Name) the Federal student financial assistance I may receive will only be used
for educa	tional purposes and to pay the co	st of attending(Name of Postsecondary Educational Institution)
for 2023-	24.	(Name of Postsecondary Educational Institution)
Student's	Signature:	Date:
Student's	ID Number:	<del></del>
	Notary's	Certificate of Acknowledgement
State of _		
City/Cour	nty of	
City/Cour On(D	nty of, before me	(Notary's name) , and proved to me
City/Cour On (D personall	nty of, before me	(Notary's name), and proved to me  (Printed name of signer)  cation
City/Cour On(D personall on basis of	nty of, before me ate) y appeared,	(Notary's name) , and proved to me  (Printed name of signer)  cation  (Type of unexpired government-issued photo ID provided)
City/Cour On(D personall on basis of	nty of, before meate)  y appeared, of satisfactory evidence of identific	(Notary's name) , and proved to me  (Printed name of signer)  cation  (Type of unexpired government-issued photo ID provided)

My commission expires on \_

(Date)