



1200 Murchison Road, Fayetteville, NC 28301 | Ph: (910) 672-1325 | Fax: (910) 672-1423 | www.uncfsu.edu/finaid

Office of Financial Aid

2022 - 2023 Identity and Statement of Educational Purpose

DO NOT COMPLETE THIS FORM IN ADVANCE. DO NOT FAX OR EMAIL.

Student Name (Last, First, MI)

Banner ID

You were selected for Verification by The U.S. Department of Education. As a part of the verification process, you must appear in person at **Fayetteville State University** to verify your 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.

In addition, you 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 **Statement of Educational Purpose**
(Print Student's First and Last Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Fayetteville State University for 2022-2023.

Student Signature

Date

IF YOU ARE UNABLE TO APPEAR IN PERSON AT FAYETTEVILLE STATE UNIVERSITY TO VERIFY YOUR IDENTITY, YOU MUST PROVIDE THE FOLLOWING:

- 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, and
- The *original* Statement of Educational Purpose provided below, which must be notarized.

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF _____ CITY/COUNTY OF _____.

On _____, before me, _____, personally appeared,
(Date) (Notary's name)

_____, and proved to me because of satisfactory evidence of identification
(Printed name of signer)

_____ to be the above-named person who signed the foregoing instrument.
(Type of unexpired government-issued photo ID provided)

WITNESS my hand and official seal
(Seal)

(Notary signature)

My commission expires on _____.
(Date)

OFFICE USE ONLY:

Fayetteville State University Authorized Official

Date