

<u>Identity and Statement of Educational Purpose (To Be Signed at Trevecca)</u>

The verification process requires you to sign a Statement of Educational Purpose and confirm your identity. You may bring this document to the Office of Financial Aid at Trevecca and sign the document in our office or you may complete the back of this page and have the document notarized.

The student must appear in person at <u>Trevecca Nazarene University</u> to 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.

Statement of Educational Purpose

In addition, the student must sign in the presence of the institutional official, the following:

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 2024-2025. (Name of Postsecondary Educational Institution) (Student's Signature) (Date) (Student's ID Number) *FOR OFFICE USE ONLY* SIGNATURE OF FA EMPLOYEE VERIFYING IDENTITY TYPE OF IDENTIFICATION COLLECTED

<u>Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)</u>

If you are unable to appear in person at the Office of Financial Aid, you must complete this form and have it notarized.

If the student is unable to appear in person at	
· F · —	(Name of Postsecondary Educational Institution)
to verify his or her identity, the student must pr	ovide:
. , , , , , , , , , , , , , , , , , , ,	issued photo identification (ID) that is acknowledged in the notary otary, such as, but not limited to, a driver's license, other state-issued ID, or
(b) The original Statement of Educational Pur	pose provided below, which must be notarized.
State	ement of Educational Purpose
I certify that I(Print Student's Name)	am the individual signing this
*	that the federal student financial assistance acational purposes and to pay the cost of attending
(Name of Postsecondary Educational In	for 2024-2025.
(Student's Signature)	(Date)
(Student's ID Number) Notary's	Certificate of Acknowledgement
State of	
City/County of	
On, before me, _	,
(Date) personally appeared,	(Notary's name), and provided to me
(Printed name of sign on basis of satisfactory evidence of identifie	ner)
to be the above-named person who signed t	
WITNESS my hand and official seal	
	(Notary signature)
My commission expires on	(Data)
	(Date)