



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

## Office of Financial Aid

### 2020 – 2021 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 2020-2021.

\_\_\_\_\_  
**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 on the basis 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