

## Office of Financial Aid

Date

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

## 2021 – 2022 Identity and Statement of Educational Purpose DO NOT COMPLETE THIS FORM IN ADVANCE, DO NOT FAX OR EMAIL.

DO NOT COMPLI	ETE THIS FORM IN A	ADVANCE. DO NOT	FAX OR EMAIL.	
Student Name (Las	st, First, MI)		Banner ID	
You were selected for Verification appear in person at <b>Fayetteville Sta</b> issued photo identification (ID), suc	te University to verify you	ur identity by presenting		
In addition, you must sign, in the probelow.	esence of the institutional of	official, the Statement of	Educational Purpose provided	
STAT	TEMENT OF EDUC	CATIONAL PURI	POSE	
I certify that I (Print Student's First a	am the indi and Last Name)	vidual signing this <b>State</b>	ement of Educational Purpose	
and that the Federal student financia cost of attending Fayetteville State U	•	will only be used for ed	ucational purposes and to pay the	
Student Signature			Date	
statement below, or that i issued ID, or passport, an	is presented to a notary, suc	ch as, but not limited to,	that is acknowledged in the notary a driver's license, other state-st be notarized.	
NOTAR	RY'S CERTIFICATE C	)F ACKNOWLEDG	EMENT	
STATE OF	CITY/0	COUNTY OF		
On, bef	fore me,	(Notary's name)	, personally appeared,	
(Printed name of signer	, and proved	to me on the basis of sa	tisfactory evidence of identification	
Type of unexpired government-issue		bove-named person who	signed the foregoing instrument.	
WITNESS my hand and official so (Seal)	eal			
			(Notary signature)	
	My	commission expires on	(Date)	
	OFFICE US	E ONLY:		

Internal Use Only V4/V5 IDEP

**Fayetteville State University Authorized Official**