2024–2025 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (V4 or V5)

Finger Lakes Health College of Nursing & Health Sciences
Marion S. Whelan School of Practical Nursing

Student's Name: _____ **Student ID:** _____

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we must confirm the information you reported on your FAFSA. If you have questions, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Instructions:

Either: Bring (in person) to the Institution's Financial Aid Office the following:

1) This original Statement of Educational Purpose (To Be Signed before an Institutional Official)
2) Your unexpired valid government-issued photo identification

Or: If you are unable to appear in person, submit the following to the Institution's Financial Aid Office:

1) This notarized original Statement of Educational Purpose (To Be Signed before a Notary)
2) 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;

2024-2025 Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

The student must appear in person at _____ to
(Name of Postsecondary Educational Institution)

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. In addition, the student 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
(Print Student's Name)

this 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)

Student signature was witnessed by and the Student Photo ID was reviewed by:

_____ _____ _____
(Institution Official's Signature) (Date) (Printed Name of Official)

Attach a copy of the student's photo ID annotated with the date it was reviewed and the name of the Institutional Official that reviewed it to this form.

Student's Name: _____ **Student ID:** _____

2024-2025 Identity and Statement of Educational Purpose

(To Be Signed with Notary)

If the student is unable to appear in person at the institution to verify his or her identity, the student must provide to the institution:

- 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 notarized Statement of Educational Purpose provided below.

The student's signature must be witnessed by and the student's original photo ID must be reviewed by the Notary.

Statement of Educational Purpose

I certify that I, _____, am the individual signing
(Print Student's Name)

this 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)

Notary's Certificate of Acknowledgement

State of _____
City/County of _____
On _____, before me, _____,
(Date) (Notary's name)
personally appeared, _____, and proved to me
(Printed name of signer)

because of satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal) _____
(Notary signature)

My commission expires on _____
(Date)