



## 2024–2025 Verification Identity / Statement of Educational Purposes

### **Instructions to complete this form**

Students must complete sections A, B, and C and have the option on sections D and E as follows:

- Section D (may be completed by your campus official) - print this form, take proof of identity to your campus and have the campus complete section D; or
- Section E (if you are unable to get to the campus for completion of section D) - print this form, take proof of identity to a Notary and have the notary complete section E.

**Note:** Student must provide the school with this original, signed, and notarized form **and** a copy of the photo ID you presented to the Notary Public.

Once you have satisfied sections A, B, C and selected section D, you must have your Financial Aid Officer scan or fax into your electronic file. If you selected section E, see “**Note**” above.

### **A. Student’s Information (please print)**

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Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s XULA ID Number
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Student’s Street Address (include apt. no.)	Student’s Email Address
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City	State	Zip Code
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Student’s Home Phone Number (include area code)	Student’s Alternate or Cell Phone Number
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### **B. Identity / Statement of Educational Purposes**

A student must appear in person and present the following documentation to an institutionally authorized individual to verify the student’s identity. If a student is unable to appear in person (ex: Online student), he or she must provide a copy of the following documents:

- An unexpired valid government-issued photo identification, such as but not limited to:
  - Driver’s license;
  - State issued identification (Non-drivers license);
  - Passport

Student's Name: \_\_\_\_\_ XULA Student ID #: \_\_\_\_\_

**C. Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Student's Name)  
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 \_\_\_\_\_  
(Name of Postsecondary Educational Institution)  
for 2024-2025.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's ID Number

**D. (School Use) Verification and Signature**

My signature below certifies that I am an authorized representative of this school and that I have personally reviewed the identification document(s) submitted by the student.

**Note:** A copy of the student's unexpired valid government issued ID(s) has been made and placed in the student's file.

Identification documents were presented by the student to me on this date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Official's Printed Name Title \_\_\_\_\_ Authorized School

\_\_\_\_\_  
Signature

**E. Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's Name)

personally appeared \_\_\_\_\_, and proved to me on the basis of  
(Student's Printed Name)

satisfactory evidence of identification \_\_\_\_\_ to be the  
(Type of government-issued photo ID provided)  
above-named person who signed the foregoing instrument.

WITNESS my hand and official seal  
(seal)

\_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_

**Note:** Please remember that if you choose to have this form notarized you will need to mail this original form to the Financial Aid Office. Include a copy of the photo ID you presented to the Notary Public.