

24-25

**Office of Student Financial Aid**

150 Tirey Hall, Terre Haute, IN 47809

Phone: (812) 237-2215 or (800) 841-4744

Fax: (812) 237-4330 or (812) 237-3925

Email: ISU-finaid@mail.indstate.eduWebsite: www.indstate.edu/financial-aid

Identity/Statement of Educational Purpose Verification Form

(Use black or blue ink to complete this form)

Student First Name	M.I.	Last Name	University ID Number
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Section A. Instructions

You have **TWO OPTIONS** to verify your Identity/Statement of Educational Purpose:

Option 1 – The student will need to appear in person at Indiana State University and present his/ her government issued ID (such as a driver’s license, **state-issued ID**, passport, etc.) and this verification worksheet to financial aid official. Your financial aid official will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date.

Option 2 – If you are unable to appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this signed worksheet notarized by a public notary. You must **mail** this information to us, do **NOT** fax or email.

Option 1: Verification Statement – IN PERSON

The student must appear in person at Indiana State University 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 university will maintain a copy of the student’s photo ID that is annotated by the university with the date it was received and reviewed, and the name of the financial aid official at the university authorized to receive and review the student’s ID.

In addition, the student must sign, in the presence of the university financial aid official, the Statement of Education Purpose provided below.

I certify that I, _____ am the individual signing this Statement of Educational
(Print Student Name)

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 Indiana State University for 2024-2025.

By signing this form, I certify that all of the information above is accurate.

(Electronic signatures will not be accepted)

Student Signature (Required)

Date

Financial Aid Official Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

For priority processing, submit ALL required documents by:

Fall: July 1, 2024	Spring: November 15, 2024	Summer: April 15, 2025
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Documents submitted after these dates are not guaranteed to be processed prior to the start of classes.

Identity/Statement of Educational Purpose Verification Form

(Use black or blue ink to complete this form)

Student First Name

M.I.

Last Name

University ID Number

Option 2: Verification Statement – BY MAIL

If the student is unable to appear in person at Indiana State University to verify his or her identity, the student must provide to the university:

- 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, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.
- Mail** the original form and photocopy of your government issued ID to:

Indiana State University
Office of Student Financial Aid
150 Tirey Hall
Terre Haute, IN 47809

I certify that I, _____ am the individual signing this Statement of Educational
Print Student Name

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 Indiana State University for 2024-2025.

By signing this worksheet I certify that all of the above information reported is complete and correct.

The student must sign and date. (*Electronic Signatures will not be accepted*)

Student Signature (Required)

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Notary: Complete this section only if the student cannot appear in person at Indiana State University to submit this worksheet.

State of: _____ City of: _____ County of: _____

On _____, before me _____ personally appeared the student
(Print Notary Name)

_____ and proved to me on basis of satisfactory evidence of identification by
(Printed name of Signer)

_____ to be the above-named person who signed the foregoing instrument.
Type of government-issued photo ID provided

WITNESS my hand and official seal: _____ My commission expires on: _____

A copy of a government-issued photo ID provided to the notary must also be provided to Indiana State University.

Place Seal Here