

Office of Student Financial Aid

2017-2018 Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

An applicant for federal student aid must appear in person and present the following documentation to our office to verify your identity.

A) A copy of a valid government –issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport;

AND

B) Complete and sign the statement below certifying that the federal student financial assistance received will only be used for educational purpose to pay the cost of attending our institution for the 2017-2018 award year.

| In addition, you must sign in th | e presence of a University o | fficial, the following Statement of Educational F | ourpose: | |
|---|------------------------------|--|----------|--|
| I certify that I | | am the individual signing this Statement of | | |
| - | ent's Name) | anial ancietanan I wasy wassiya yill anly ba | | |
| educational purpose and that | | ncial assistance I may receive will only be | used for | |
| | , | | | |
| | | | | |
| (Student's Printed Name) | | (Student's ID Number) | | |
| | | | | |
| (Student's Signature) | | (Data) | | |
| | | (Date) | | |
| | | | _ | |
| (Financial Aid Administrator Signature) | | (Date) | | |
| | | | | |
| | | | | |
| | Officia | al Use Only | | |
| Type of Government ID: Date of Issue: | | | | |
| | | | | |
| | State: | | | |
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400 Magnolia Street Orangeburg, South Carolina 29115 Telephone: (803) 535-5334 Fax: (803) 535-5383

(To Be signed With Notary)

If you are unable to appear in person at Claflin University to verify your identity, you must provide the following:

A) A copy of a valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport;

<u>AND</u>

| R١ | The original | notarized Statement | of Educational | Purpose provided below. |
|----|--------------|----------------------------|-----------------|-------------------------|
| DI | THE OHIGHNAL | Hotalized Statement | . OI EUULUUIIUI | Pulbose blovided below. |

| I certify that I | am the individual signing | |
|--|---|--|
| - | nat the federal student financial assistance I may rposes and to pay the cost of attending <i>Claflin</i> | |
| (Student's Printed Name) | (Student's ID Number) | |
| (Student's Signature) | (Date) | |
| Notary's Certificate | e of Acknowledgement | |
| State of | City/County of | |
| On | hefore me | |
| (Date) | , before me, | |
| Personally appeared, | , and provided to me on basis of satisfactory evidence of | |
| (Printed Name of Signer) | to be the above passed across who stored the | |
| Identification | to be the above-named person who signed the ed) | |
| foregoing instrument. | , | |
| | | |
| WITNESS my hand and official seal | | |
| (seal) | (Notary Signature) | |
| My commission expires on | | |
| | | |
| Official Use O Type of Government ID: Date of Issue: State: Date Received by FAA: FAA Initials: | | |
| | | |