

2024-2025

Identity and Educational Purpose Verification

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process requiring verification of identity criteria and other relative criteria. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and/or your parents or spouse reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about this verification process, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Print Student Name _____ Student ID: _____

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at **Alamance Community College** to verify his or her identity by presenting 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 with the date it was received and reviewed, and the name of the official at the institution authorized to collect 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 this
(Print Student's Name)

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. **Alamance Community College** _____ for 2024-2025.
(Name of Postsecondary Educational Institution)

Student Signature _____ Date _____ Student ID: _____

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date.

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

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records

For FA Staff Only

FA Staff Signature: _____ Date received: _____