

## FINANCIAL AID FORM STATEMENT OF IDENTITY/ EDUCATIONAL PURPOSE V4 2025-2026

Your FAFSA application was selected for review by the US Department of Education in a process called Verification. The Financial Aid Office must compare information from your FAFSA with information you provide on this worksheet and with any other required documents. If there are differences, the Financial Aid Office could require additional documentation and your FAFSA information may need to be corrected.

Complete this verification form and submit it to your financial aid administrator within 60 days of notification. The Office of Financial Aid cannot fully process your financial aid without this information.

Last Name	First Name MI	Phone Number	SSN	
Street Address		City	State	Zip
Date of Birth	Student ID #	Email Address		
□ Dependent Student*		☐ Independent Stu	ıdent**	
		OR		
	dependent if the student was stal information on the FAFSA.		dered independent if the parental information on t	
required to provide parential sign the Worksheet  We affirm that the information correct. I/We under ancellation, or repayment	rmation provided in this appressand that any false statement of financial aid. The stud	required to provide polication and supporting donts or misrepresentations	ocumentation (if appwill be cause for der	plicable) is a
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Continue to next page to complete Statement of Educational Purpose.



# VERIFICATION OF IDENTITY V4

## Please read the following section carefully.

Option 1 should be completed if you are able to appear in person at the NNU Financial Aid Office.

Option 2 should be completed if you are **NOT ABLE** to appear in person. The completion of this option must be witnessed by a notary. It cannot be completed via online notary.

If neither option is viable, please contact the Financial Aid Office for assistance.

### **Option 1** – If the student is able to **appear in person** at NNU:

#### Verification of Identity

(if ABLE TO APPEAR in person – to be signed in the presence of INSTITUTION OFFICIAL)

The student must provide:

- a) A copy of the valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport.
- b) 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 collect the student's ID.

I certify that I		
tudent Signature:	Date:	
udent ID:		
Name of Institutional Official:	Date:	

Submit this worksheet and other documentation to: Office of Financial Aid, 623 S. University Blvd., Nampa, ID 83686 Fax: 208.467.8375 Email: financialaid@nnu.edu Phone: 208.467.8638



## STATEMENT OF IDENTITY/ EDUCATIONAL PURPOSE V4

## Option 2 – if the student is unable to appear in person at NNU to verify his or her identity:

## **Identity and Statement of Educational Purpose**

(if UNABLE to appear in person – to be signed in the presence of a notary)

The student must provide:

- a) A copy of the 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
- b) The original Statement of Educational Purpose, which is provided below, **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.

I certify that I Purpose and that the to pay the cost of atter	I certify that I am the individual signing this Statement of Purpose and that the Federal student financial assistance I may receive will only be used for educational to pay the cost of attending Northwest Nazarene University for 2025-2026.					
Student Signature:			Date:			
Student ID:		-				
	Notary's Certificate	of Acknowledgem	ent			
State of	City/County of		on	before me		
State		City/County	Date			
	personally appeared,			and		
Notary's Name		Prin	t Student's Name			
rovided to me basis of satisf	actory evidence of identification			to be the		
bove-named person who sig	ned foregoing instrument.	Type of governme	ent-issued photo ID provided			
WITNESS my hand and office	cial seal					
Seal  My commission expires on		Notary Si	gnature			
viy commission expires on	Date					

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