# CARLOW
## U N I V E R S I T Y
### F i n a n c i a l  A i d  O f f i c e

## <u>2023-2024 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE</u>

You were selected by the federal processor for verification. You must verify your identity and statement of educational purpose by following these instructions:

Student Name_____  ID_____

**EITHER:** The student must appear **IN PERSON** at the Carlow University Financial Aid Office to verify their identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, or other state-issued ID, or passport. Carlow University will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at Carlow University authorized to collect the student's ID. In addition, the student must sign, in the presence of an authorized official at Carlow University's Financial Aid Office, the **Statement of Educational Purpose** below .

**OR:** If the student is unable to appear in person at the Carlow University Financial Aid Office to verify their identity, the student must provide:
1) A copy of the 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**
2) The <u>original</u> notarized **Statement of Educational Purpose** provided below. **Faxes and scanned copies are NOT acceptable.**

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**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 Carlow University for 2023-2024.

_____    _____    _____
    Student's Signature                           Date              ID #

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**Notary's Certification of Acknowledgement** (only needed when student is unable to appear in person at Carlow University.)

State of _____       City/County of_____

On_____, before me_____,
              Date                         Notary's Name
personally appeared,_____, and provided to me
                            **Print Name of Signer**
on basis of satisfactory evidence of identification _____
                                       (Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

**Witness my hand and official sea**l_____
      **SEAL**                                    Notary Signature

My Commission expires on _____
                              Date

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**FOR OFFICE USE ONLY:** Attach photocopy of ID after verifying identity.

Document Used_____Date Received_____CU Official _____
Document Expiration Date_____

**Carlow University ▪ Financial Aid Office ▪ 3333 Fifth Avenue ▪ Pittsburgh, PA 15213 ▪ Phone 412-578-6389**