FINANCIAL AID

2013-2014 Identity and Statement of Educational Purpose

Your 2013-2014 Free Application for Federal Student Aid (FAFSA) was selected for review by the Department of Education in a process called verification. The law states that before you are awarded Federal Student Aid, you will be required to confirm information you and/or your parents reported on your FAFSA. To verify that the information submitted is correct, you will need to complete the following application and provide any additional documentation requested. If there are differences in the data provided, your FAFSA may need to be corrected by Albany State University. You must complete and sign this worksheet and attach any supporting documentation.

Student's Name: _____ _____ _____ RamID#/Last 4 of your SSN: _____
Last First MI

Demographic Information

1. Date of Birth: _____/_____/_____

2. Permanent Street Address: _____

3. Permanent City: _____ 4. State: _____ 5. Zip: _____

6: Permanent Phone#: ( ) _____ - _____ 7. Mobile Phone#: ( ) _____ - _____

8. Email Address: _____ 9. Alternate Email Address:_____

1. Identity and Statement of Educational Purpose

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

(a) 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

(b) The original notarized Statement of Education Purpose provided below.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I,_____, am the individual signing this Statement of Education Purpose and
(Print Student's Name)
that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Albany State University for 2013-2014.

_____

Student's Signature **(Required)** Date

THIS DOCUMENT MUST BE NOTARIZED ON PAGE 2

<OVER>

ALBANY STATE UNIVERSITY • 504 COLLEGE DRIVE • ALBANY GEORGIA 31705
TELEPHONE (229) 430-4650 • FAX (229) 430-3936 • EMAIL: IFINAID@ASURAMS.EDU

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Student's Name: _____ _____ _____ RamID#/Last 4 of your SSN: _____
Last First MI

NOTARY'S CERTIFICATE OF ACKNOWLEDGMENT

State of_____

City/County of_____

On_____, before me,_____
(Date) (Notary's name)

personally appeared_____ and proved to me

on the basis of satisfactory evidence of identification,_____,

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
(seal) (Notary signature)

My commission expires on_____
(Date)

THIS DOCUMENT IS CONSIDERED INCOMPLETE AND CAN NOT BE PROCESSED WITHOUT COMPLETING ALL REQUIRED FIELDS INCLUDING SIGNATURE(S).

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