



Identity and Statement of Educational Purpose 2020-2021

Financial Aid Office
 Phone: (208) 524-3000
 Toll Free: 1-800-662-0261
 Fax: (208) 525-7026
financial.aid@cei.edu
 1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	SSN	Phone Number

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid office 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 sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

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

The student must appear in person at **College of Eastern Idaho** to verify his or her identity by presenting a 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 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 following:

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

_____ for 2020-2021.
 (Name of Postsecondary Educational Institution)

 (Student's Signature)

 (Date)

Certifications and Signatures

The person signing this form certifies that all of the information reported is complete and correct.
WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Financial Aid Office Use Only	Received By :	Date Received:	Documentation Received <input type="checkbox"/>
CPS reporting complete <input type="checkbox"/>	FA Staff Reported:	Date Reported:	Document Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Awarded: <input type="checkbox"/>	Date: _____	Email Notification <input type="checkbox"/>
Processed By: _____			
Comments:			

**Identity and Statement of Educational Purpose
(To Be Signed With Notary)**

First Name	Last Name	Student ID	SSN	Phone

If the student is unable to appear in person at the College of Eastern Idaho 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 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 _____ for 2020-2021.
 (Name of Postsecondary Educational Institution)

 (Student's Signature)

 (Date)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

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

personally appeared, _____, and provided to me
 (Printed 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 seal

(seal)

 (Notary signature)

My commission expires on _____
 (Date)

Financial Aid Office Use Only	Received By :	Date Received:	Documentation Received <input type="checkbox"/>
CPS reporting complete <input type="checkbox"/>	FA Staff Reported:	Date Reported:	Document Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Awarded: <input type="checkbox"/>	Date:	Email Notification <input type="checkbox"/> Processed By:
Comments:			