

A. Student Information:

2023-2024 Verification: Identity/Statement of Educational Purpose

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FASA. We will compare your FAFSA with the information you provide below. If there are any differences, we will update your FAFSA accordingly. We may ask for additional information. If you have any additional questions about the Verification process, please do not hesitate to contact our office.

| Student's Name | UHC ID |
|---|---|
| B. Identity/Educational Purpose Info | rmation |
| Option 1: | |
| presenting a valid, government-issued photo | ty of Holy Cross, Office of Financial Aid to verify your identity by identification (ID), such as, but not limited to, a driver's license, other will maintain a copy of your photo ID that is annotated with the date it he institution authorized to collect your ID. |
| In addition, you must sign in the prese | nce of the Office of Financial Aid staff member. |
| | -OR- |
| Option 2: | |
| | Office of Financial Aid to verify your identity, you must provide the of a notary. The original notarized copy of this document must then be |
| | nt-issued photo identification (ID) that is acknowledged in the notary of limited to a driver's license, other state-issued ID, or passport; -AND- |
| (b) The Statement of Educational 1 | Purpose provided below. |
| Statement of Educational Purpose To be signed in the presence of a Student Financia | al Services staff member or certified public notary (see below). |
| I certify that I, | , am tly as printed on their government-issued photo ID |
| the individual signing this Statement of Educ | cational Purpose and that the federal student financial assistance I may rposes and to pay the cost of attending University of Holy Cross for the |
| Student's signature | Date |
| Sign in the presence of an Office of Financial Aid | d staff member or in the presence of a certified Public Notary (see below) |
| | |

| Student's Name: | | UHC ID: | Page 2 of 2 |
|--|---|--|------------------------------|
| Notary's Certificate of Ac (Only needed if unable to sign in | cknowledgement the presence of a Student Fin | nancial Services staff member) | |
| State of | Cit | City/County of | |
| On | , before me, | Notary's full name printed | , personally |
| appeared, | | Notary's full name printed, and proved to me on base | sis of satisfactory evidence |
| of identification | of signer above | , to be the provided (see above) | e above-named person who |
| signed the foregoing instru | | | |
| Witness my hand and offic | ial seal. | | |
| Notary's signature | | - | |
| Seal: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| My commission expires on | 1 | _• | |

Date

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