

A. Student Information:

## 2024-2025 Verification: Identity/Statement of Educational Purpose

Your 2024-2025 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 In	nformation
Option 1:	
presenting a valid, government-issued ph state-issued ID, or passport. The instituti	rersity of Holy Cross, Office of Financial Aid to verify your identity by noto identification (ID), such as, but not limited to, a driver's license, other on will maintain a copy of your photo ID that is annotated with the date it at the institution authorized to collect your ID.
In addition, you must sign in the pr	esence of the Office of Financial Aid staff member.
	-OR-
Option 2:	
	at Office of Financial Aid to verify your identity, you must provide the ace of a notary. The original notarized copy of this document must then be
	nment-issued photo identification (ID) that is acknowledged in the notary t not limited to a driver's license, other state-issued ID, or passport;  -AND-
(b) The Statement of Education	nal Purpose provided below.
<b>Statement of Educational Purpose</b> <i>To be signed in the presence of a Student Find</i>	uncial Services staff member or certified public notary (see below).
I certify that I,	, am, am exactly as printed on their government-issued photo ID
the individual signing this Statement of I	exactly as printed on their government-issued photo ID  Educational Purpose and that the federal student financial assistance I may purposes 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 Financia	l Aid staff member or in the presence of a certified Public Notary (see below)

Student's Name:		UHC ID:	Page <b>2</b> of 2
Notary's Certificate of Ack (Only needed if unable to sign in the		inancial Services staff member)	
State of	Ci	City/County of	
On	, before me,	Notary's full name printed	, personally
appeared,		Notary's full name printed, and proved to me on bas	is of satisfactory evidence
Printed name of of identificationType	of government-issued photo	, to be the	above-named person who
signed the foregoing instrum			
Notary's signature		_	
Seal:			
My commission expires on _		_·	

Date