



**C. Identity and Statement of Educational Purpose**

**Instructions:**

Either:

- The student must appear in person at the Troy University Financial Aid Office 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. Troy 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 the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the Troy University Financial Aid Office official, the **Statement of Educational Purpose** below.

Or:

- If the student is unable to appear in person at the Troy University Financial Aid Office 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 Statement of Educational Purpose  
(Print Student's Name)  
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Troy University for 2019-2020.

\_\_\_\_\_  
(Student's Signature) (Date) (Student's ID#)

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_  
City/County of \_\_\_\_\_  
On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)  
personally appeared, \_\_\_\_\_, and proved 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)

Student's Name \_\_\_\_\_ Student's SSN: \_\_\_\_\_

**D. Certification and Signature**

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Each person signing below certifies that all of the information reported is complete and correct. The student and one parent must sign and date.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date