



Office of Financial Aid
471 University Parkway • Aiken, SC 29801
803-641-3476 • Fax 803-643-6840
Email: stuaid@usca.edu

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student's Name (Last, First, Middle Initial) UofSC ID or VIP ID

You have been selected to verify your identity and sign a Statement of Educational Purpose. The student must sign the Statement of Educational Purpose in the presence of a Notary or Financial Aid Administrator at the University of South Carolina Aiken. Per Federal Regulations, faxed, emailed or electronic copies will not be accepted.

Statement of Educational Purpose

I certify that I am the individual signing this 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 the UNIVERSITY OF SOUTH CAROLINA AIKEN.

(Student's Signature) (Date) (Aid Year)

Statement of Educational Purpose Signature Witnessed and Verified By:

UNIVERSITY OF SOUTH CAROLINA AIKEN CERTIFICATE OF ACKNOWLEDGEMENT

On (date), before me personally appeared (Student Name) and proved to me on the basis of satisfactory evidence of identification to be the above-named person who signed the foregoing instrument.

(Financial Administrator's Signature)

Type of unexpired valid government issued photo ID provided and attached:

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

Only required when student is unable to appear in person at the University of South Carolina Aiken Office of Financial Aid.

State of, City/County of. On (date), before me (Name of Notary) personally appeared (Name of Student) and proved to me on the basis of satisfactory evidence of identification to be the above-named person who signed the foregoing instrument.

Type of unexpired valid government issued photo ID provided and attached: Notary Signature My Commission Expires on

OR

[SEAL]

Documentation of Identity

A copy of the unexpired valid government-issued identification used by the witness to identify the student must be attached to this form.

Certification and Signature

A signature below states that all of the information reported is complete and correct. Per Federal Regulations, we can only accept this form through mail or in person.

Student Signature Date