2013-2014 Identity and Statement of Educational Purpose

Office of Financial Aid – One University Avenue – Bourbonnais, IL 60914
(815) 939-5249 Fax: (815) 939-5074

Your application for Federal Student Aid was selected for review in a process called "Verification." Complete this verification form and submit it to the Office of Financial Aid as soon as possible so that your financial aid won't be delayed. Please be aware that your financial aid eligibility may change based on verification.

Student Information

Last Name First Name M.I.	Social Security Number
Home Address (include apt. no.)	Date of Birth
City State ZIP Code	Phone Number (include area code)

<u>Please note:</u> This form must be completed in the presence of an authorized official in the Financial Aid Office at Olivet Nazarene University. Do NOT complete the form in advance. If you are unable to appear in person in the Financial Aid Office at Olivet Nazarene University please call (815) 939-5249 for further instructions.

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

The student must appear in person at Olivet Nazarene University 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 Olivet Nazarene University for 2013-2014.

_____ _____
(Student's Signature) (Date)

_____
(Student's ONU ID Number)

This section to be completed by Olivet Nazarene University Financial Aid Administrator	
ID Type:	ID Number:
Rec'd By:	Signature:
Copy of ID Attached:	Date: