

2024-25 Verification - Identity and Statement of Educational Purpose Form Dependent/Independent Student

Office of Student Financial Services – One University Ave – Bourbonnais, IL 60914 Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@olivet.edu

ONU ID # or SSN	Date of Birth		Phone	
Student Name				
Last First		irst	<i>M.I.</i>	
Student Address				
Street (include apo	ırtment #)	City	State	ZIP Code
	Identity and Statement of Ed		ırpose	
	(To Be Signed at the			
valid government-issued photo ic passport. The institution will mai	on at Olivet Nazarene University of dentification (ID), such as, but no intain a copy of the student's phot he name of the official at the instit	t limited to, a of o ID that is an	driver's license, other state notated by the institution v	e-issued ID, o with the date i
In addition, the student must sign, below.	in the presence of the institutional	official, the St	atement of Educational Pur	pose provided
	Identity and Statement of Ed	lucational Pu	ırpose	
	(To Be Signed in the Prese			
	in person at Olivet Nazarene Univ	ersity to verify	his or her identity, the stud	dent must
provide to the institution: a) A copy of the unexpired	valid government-issued photo id	entification (II)) that is acknowledged in	the notary
	is presented to a notary, such as, t			
ID, or passport; and				
	of Educational Purpose provided b			
	age than the Statement of Educati		there must be a clear indic	cation that the
Statement of Educationa	l Purpose was the document notar	izeu.		
	Statement of Educatio	nal Purpose		
I certify that I	ai	m the individua	al signing this Statement	
	(Print Student's Name)			
	nd that the Federal student financi			
for educational purposes	and to pay the cost of attending O	livet Nazarene	University for 2024-2025.	
(Student's Signature)		Date)	(Student's ONU II	
	Notary's Certificate of Ac	lznovylodgom	ont	
G	•	_		
On he	fore me,(Nota	inty of	nerconally	
(Date)	(Nota	rv's name)	, personany	
appeared,	, and proved	to me on basis	of satisfactory evidence of	identification
(Printed name of	, and proved		•	
	to be the above-na	amed person w	ho signed the foregoing ins	strument.
(Type of unexpired government-i				
WITNESS my hand and officia	• •			
(seal)	My commission e	xpires on		
This section to be complete	ed by Olivet Nazarene University Offi	ice of Student Fi	nancial Services Administrate	or
ID Type:	ID Number:			
Rec'd By:	Signature:			
Copy of ID Attached:	Date:			

Olivet Official: Write your name and today's date on the copy of the photo ID attached to this statement.