

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674

WWW.FINANCIALAID.CMICH.EDU

2024-2025 PROOF OF IDENTITY - STATEMENT OF EDUCATIONAL PURPOSE OPTION #1 – TO BE COMPLETED WITH CMU OFFICIAL

	one Number (including area		
Complete Option #1 on this page if you are able to on the following page. Please Note: You MUST sub			
faxed or electronic copies of this document.	milit the original complete	u document with wet signa	itures, we cannot accept
OPTION #1: To Be Completed In Person W	ith (In The Presence (of) A Central Michigan U	niversity Official
	itii (iii Tiic T Tescince e	77 A Central Wileingan O	inversity official
The student must appear in person at Central Mich unexpired valid government-issued photo identifica passport. The institution will maintain a copy of your eviewed, and the name of the official at the institution.	ation (ID), such as, but not ur photo ID that is annotate	limited to, a driver's license, o ed by the institution with the o	ther state-issued ID, or
In addition, the student must sign, in the presence	of the institutional official,	the Statement of Educational	Purpose provided below:
certify that I (Print Student's Name)		ar	m the individual signing
this Statement of Educational Purpose and that the			nly be used for
educational purposes and to pay the cost of attend	ing Central Michigan Unive	rsity for 2024-2025.	
Student Signature (Handwritten Required) Only to be signed in the presence of CMU Official	Date	Campus ID Nun	nber
******* Authorized Central Michigan Only To Be	n University Official Ce Completed By Authorize		gement********
Instructions:			
(a) Verify and make a copy of above student's	s valid government-issued	photo identification (ID).	
(b) Witness above student sign the Statement			
l, an authorized CMU Official, certify that the above presenting me with a valid government-issued photon		=	of Educational Purpose,
Print – CMU Official Name		Date	
lob Title and Office			



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2024-2025 PROOF OF IDENTITY - STATEMENT OF EDUCATIONAL PURPOSE OPTION #2 – TO BE COMPLETED WITH NOTARY

Student Name (please print)	Phone Number (including area code)	Campus ID Number
Complete Option #1 on the previous page i Option #2 on this page. Please Note: You M faxed or electronic copies of this document	IUST submit the original completed docum	n. If you cannot appear in person, complete nent with "wet" signatures; we cannot accept
OPTION #2: To Be Completed With (In The Presence Of) A Notary	
If the student is unable to appear in person the student <u>must</u> provide the institution:	at Central Michigan University, Warriner Ha	all 202, to verify his or her identity,
below, or that is presented to a nota (b) The original Statement of Education	al Purpose provided above, which must be ent of Educational Purpose, there must be a	ense, other state-issued ID, or passport; and notarized. If the notary statement appears
I certify that I (Print Student's Name) this Statement of Educational Purpose and t educational purposes and to pay the cost of	hat the Federal student financial assistance	
Student Signature (Handwritten Required) ***********************************	Date *Notary's Certificate of Acknowledg	Campus ID Number gement***********************************
State of:	City/County of:	
On (Date)	, before me, (Printed Name of Notary)	
personally appeared, (Printed Name of Signer)		, and proved to me on basis of
satisfactory evidence of identification (Type of	government-issued photo ID provided)	
to be the above-named person who signed the	e foregoing instrument.	
Witness my hand and official seal (Seal)	(Notary Signature)	
	My commission expires on (Date)	