



2024-2025 Verification of Identity Form

The Office of Federal Student Aid has selected your FAFSA application for a process called verification. Please complete the applicable section below to verify your identity and educational purpose as required by the Department of Education.

Student Information:

_____ Last Name	_____ First Name	_____ M.I. ()	_____ Date of Birth ()
_____ Address (include Apt. No.)		_____ Home Phone Number (include area code)	_____ Student's Cell Phone (include area code)
_____ City	_____ State	_____ ZIP	_____ E-mail

Appearing in Person at Augustana University for Identity Verification

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

The student must appear in person at Augustana University, Sioux Falls, South Dakota 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 by the institution with the date it was received and reviewed 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 Augustana University, Sioux Falls, South Dakota for 2024-2025.

(Student's Signature) (Date)

(Student's ID Number)

Witnessed by Augustana University Financial Aid administrator:

(Financial Aid Administrator signature) (Date)

Certification of signatures: SENDING WITHOUT SIGNATURES WILL DELAY FINANCIAL AID PROCESS.

By signing this form, I (we) certify that all information reported on this form is complete and correct.
The signature(s) below also allows verification information to be released to the student and to the parent of a dependent student.

Student Date Parent (of dependent student) Date

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

Appearing in the Presence of a Notary for Identify Verification

Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Augustana University, Sioux Falls, South Dakota 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
(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 Augustana University, Sioux Falls, South Dakota for 2024-2025.

(Student's Signature) (Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement:

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and provided 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)

Certification of signatures: SENDING WITHOUT SIGNATURES WILL DELAY FINANCIAL AID PROCESS.

By signing this form, I (we) certify that all information reported on this form is complete and correct.

The signature(s) below also allows verification information to be released to the student and to the parent of a dependent student.

Student

Date

Parent (of dependent student)

Date

Return this signed, completed form and all requested documents to: Augustana University Office of Financial Aid
2001 S Summit Ave, Sioux Falls, SD 57197 – Tel. 605.274.5216 – Fax 605.274.5295 – Email financial.aid@augie.edu

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.