



2024-2025 Verification Worksheet (V5)

Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

Forms must be turned in 45 days before the end of fall/spring semester and 20 days before the end of summer semester.

****If unable to appear in person, the Identity & Statement of Educational Purpose student signature must be witnessed (in person) by a Notary Public.****

The student must appear in person at _____ to verify your identity by
(Name of Postsecondary Educational Institution)

presenting an unexpired 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, the name of the official at the institution authorized to receive and review the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

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 _____
(Name of Postsecondary Educational Institution)

to verify his or her identity, the student must provide to the institution both of the following:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and
(Print Student's full legal name)

that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending _____ for 2024-2025.

(Name of Postsecondary Educational Institution)

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

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

_____, and provided to me on a basis of satisfactory evidence of identification
(Printed name of signer)

_____ To the above-named person who signed the foregoing instrument.
(Type of government-issued photo ID provided)

WITNESS my hand and official seal
(Notary Seal)

(Notary Signature)

My commission expires on _____
(Date)

Form can be mailed or dropped off at the address listed

- Mailing address: Dakota College at Bottineau ▪ Financial Aid Office
 - 105 Simrall Blvd ▪ Bottineau, ND 58318
- Phone: 1-800-542-6866 Ext 427 or (701) 228-5427
 - E-mail for questions: fa@dakotacollege.edu