

INDEPENDENT STUDENT

Purpose

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called verification. As part of the verification process, the Financial Aid Office at Fitchburg State University has been asked to verify your identity and request that you sign a Statement of Educational Purpose (below). Please follow the instructions below carefully. If you would prefer to complete this form at the Fitchburg State University Financial Aid Office, please contact us at (978) 665-3156 to schedule an appointment.

Instructions

1. Follow the instructions in section A. You must complete this section in the presence of a notary.
2. The student should sign and date in section B.
3. Return this document along with a copy of the government-issued photo identification (ID) that was used to complete this form to the Fitchburg State University Financial Aid Office.

A. Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at Fitchburg State University Financial Aid Office to verify his or her identity, the student **must provide**:

1. 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
2. The original notarized Statement of Educational Purpose (in English or Spanish) 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 Fitchburg State University for 2024–2025.

Student's Signature: _____ Date: _____

Student's ID #: _____

Declaración de propósito educativo

Certifico que yo, _____, soy el individuo que firma esta

(IMPRIMIR NOMBRE DEL ESTUDIANTE)

Declaración de Finalidad Educativa y que la ayuda financiera federal estudiantil que yo pudea recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Fitchburg State University para 2024–2025.

Firma del Estudiante: _____ la Fecha: _____

Número de Identificación del Estudiante: _____

Notary's Certificate of Acknowledgement

State of: _____ City/County of: _____

On _____, before me, _____
(DATE) (NOTARY'S NAME)

personally appeared, _____, and proved to me on basis of satisfactory evidence
(PRINTED NAME OF SIGNER)

of identification _____ to be the above-named person who signed the foregoing instrument.
(TYPE OF GOV.-ISSUED PHOTO ID PROVIDED)

Witness my hand and official seal: _____
(NOTARY SIGNATURE)

(SEAL) My commission expires on: _____
(DATE)

B. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

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

Print Student's Name: _____ Student's ID: _____

Student's Signature (Required): _____ Date: _____

Spouse's Signature (Optional): _____ Date: _____

C. Financial Aid Verification (For institutional officer to complete)

Date documents were received/reviewed: _____ Verified valid government-issued ID: Y N

Verified Statement of Educational Purpose: Y N

Print Inst. Officer's Name: _____

Inst. Officer's Signature: _____