

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE WORKSHEET 2023-24

INSTRUCTIONS:

Your FAFSA was selected by the U.S. Department of Education for a review process called "Verification." **Verification** must be completed before your financial aid can be finalized and before any federal aid may be credited to your student account. If there are differences between your FAFSA and this information, we will update your FAFSA, recalculate your aid eligibility and send a revised financial aid package.

- Please complete **ALL** sections of this 2-page worksheet **as indicated** on the *Document Request Form*.
- Return the completed form, along with all requested documentation, to the Financial Aid Office.
- Verification cannot be completed until all requested documents are received and reviewed.

Student Name:	OBU ID:	
SSN:	Date of Birth:	
Permanent Address:		
City	State Zip Code	
Phone/Cell:	Email:	
IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE Choose One: I am signing the statement below in person at Ouachita Baptist University (OBU). I am unable to appear in person at Ouachita Baptist University (OBU) and am signing the statement below in the presence of a Notary.		

PROCEED with Items (1) and (2) below:

- (1) The student must present a valid unexpired government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Ouachita Baptist University will maintain a copy of the student's photo ID with the date it was received and reviewed, and the name of the official at Ouachita authorized to receive and review the student's ID.
- (2) The student must sign, in the presence of an OBU Student Financial Services official or a Notary, the following English or Spanish statement. If using a Notary, the original notarized statement must be sent to OBU.

Statement of Educational Purpose		
I certify that I,	, am t	the individual signing this Statement of
Print Student's N (Print Student's N (Print Student's N	^{ame)} nat the federal student financ	cial assistance I may receive will only be used ng Ouachita Baptist University for 2023-24
(Student's Signature)	(Dat	te)
(Student's ID Number)		
	dent Financial Services offici or use when student appears in	_
•		
	(SFS Representative)	, personally
(Date) appeared (Printed name of student)		, and provided to me the original identificatio
(Printed name of Student)		
	Notary's Certificate of Acknown	•
(Date)	(Notary's name)	, personany appeared
(Printed name of signer)		ne on the basis of satisfactory evidence of to be the above-named person who signo
	ent-issued photo ID provided)	to be the above-hamed person who sight
the foregoing instrument.	c	
WITNESS my hand and officia	al seal	
(seal)	(Notary Si	ignature)
My commission expires on		
	(Date)	

STUDENT'S NAME______ OBU ID#_____