

Your FAFSA application was selected for review by the Department of Education in a process called Verification. Complete this form to confirm your Identity and Educational Purpose. Submit it along with the other <u>required</u> documents listed below to Financial Aid and Scholarships to avoid delay in the awarding of your financial aid.

If the information on this form conflicts with the information on the FAFSA and/or is completed incorrectly, then additional documentation will be requested. Allow two to three weeks for processing. Please note the processing time of verification may be longer during peak periods.

Student name _____ SSN/ID _____ SSN/ID _____

Your FAFSA has been selected for review of your identity and educational purpose. Per federal regulation, you are required to appear in person at Financial Aid and Scholarships (second floor of Baxley Hall, Suite 219) at Coastal Carolina University and present the following:

- A valid, government-issued photo identification (ID) except for any form of military ID ; and
- a signed Statement of Educational Purpose (see below)

or if unable to appear in person, you must provide Financial Aid and Scholarships with the following:

- a copy of the valid, government-issued photo identification (ID) presented to the notary (except for any form of military ID); and
- the original, signed and notarized Statement of Educational Purpose (see below). ****Faxed copies or copies received via the** secure digital dropbox not accepted.**

Statement of Educational Purpose

I certify that I,	, am the i	, am the individual signing this Statement of Educational Purpose and that the		
	int student name)			
federal student financial assista	ance I may receive will only be used for	r educational purposes and	to pay the cost of attending Coastal	
Coastal Carolina University for 2022-2023.			RNING: If you purposely give false or leading information on this worksheet, a may be fined, sentenced to jail or both.	
Student signature	D	Date		
Notary Information (required only if not appearing in person)				
State of	city/county of	on	, before me,	
			(Date)	
, personally appeared (Notary's name) (Printed name of sign			, and proved to me on basis of satisfactory	
(Notary's name)	(Prin	ted name of signer)		
evidence of identification			to be the above-named person who signed	
	(Form of valid government-issued pho			
the foregoing instrument.	(i i i i i girlini i i i i i i i i i i i i i i i i i i	r · · · · · · · · · · · · · · · · · · ·		
WITNESS my hand and offic	cial seal			
(seal) (Notary signature)				
My commission expires on				
			(Date)	
	For Financial Aid and Sc	holarship (FAS) use only) use only. **Note: Remember to make a copy of the student's valid government ID which you must sign and date.**	
FAS staff signature	I	Date		

Please return completed form to: Coastal Carolina University / Financial Aid and Scholarships / P.O. Box 261954 / Conway, SC 29528-6054