

WITNESS my hand and official seal (seal)

My commission expires on (Date) \_

## 2021-2022 IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE

(IDED22)

Federal financial aid guidelines require the Student Financial Aid Office to collect and maintain this documentation as part of your

Student Financial Aid 650 East Parkway South

Memphis, TN 38104

Main: (901) 321-3305

Fax: (901) 321-3227

Email: finaid@cbu.edu

	st be returned in person and signed in ter notarization. <u>DO NOT fax or email t</u>		al Aid Staff member OR the original
A. Student Information			
Student Name:		CBU ID Number:	
SSN (last four): XXX-XX		Phone Number:	
B. In Person			
photo identification (ID), such	as, but not limited to, a driver's license at's photo ID that is annotated with the	e, other state-issued ID	y by presenting valid government-issued or a U.S. passport. The institution will and the name of the official at the institution
In addition, the student must s	sign, in the presence of the institutiona	l official, the following:	
	Statement of Edu	ıcational Purpose	
			Statement of Educational Purpose and that uses and to pay the cost of attending CBU for Staff Witness:
(Student's Signature)	(Date)		
C. By Mail (Originals req	uired, fax not acceptable)		
a. A copy of an unexpire state-issued ID or U.S	·	tification (ID) such as, botary statement or that ovided on this form.	
State of			
On (Date)	, before me (Notary's name)	),	
personally appeared (Printed r	name of signer),		
and proved to me on basis of s	satisfactory evidence of identification (	Type of government-iss	ued photo ID provided)

to be the above-named person who signed the foregoing instrument.

(Notary signature)