



# 2026-2027 VERIFICATION OF IDENTITY

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for verification by the Department of Education. In order to provide financial aid funding, we are required to verify your identity and collect a signed Statement of Educational Purpose. Please select one of the options below:

<p><input type="checkbox"/> <b>I Can Appear In-Person:</b> Bring an unexpired, government-issued photo ID to the Financial Aid Office, and we will assist you with the rest. Office Hours: Mon.-Fri. 8:30 am to 5:00 pm</p> <p><b>STOP &amp; See a Financial Aid Team Member in the Crowder Welcome Center!</b></p>	<p><input type="checkbox"/> <b>I Need to Mail in My Form:</b> Complete Sections 1 and 2 with a notary official and mail the original (notarized) form and a copy of your photo identification to the Financial Aid Office.</p> <p><b>Stop &amp; Find a Public Notary; Complete Sections 1 &amp; 2 with a Notary Official.</b></p>
---	---

## SECTION 1: STATEMENT OF IDENTITY

I certify that I \_\_\_\_\_ (Print Student's Name) am the individual signing this statement and I am providing a copy of my documents along with a copy of a valid government-issued photo identification card bearing my portrait. I certify that the attached documents and government-issued photo identification are true, exact, and complete copies of the originals issued to me. I understand that providing false or misleading information or documents is punishable by fine or imprisonment and may make me liable for repayment of any funds received on the basis of the information and documents I have provided.

### I am signing this form in the presence of a Financial Aid Team Member or Notary Official.

Student Printed Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
 Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2: NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of \_\_\_\_\_ City/County of \_\_\_\_\_  
 On \_\_\_\_\_ (date), before me, \_\_\_\_\_ (Notary's Name), personally appeared, \_\_\_\_\_ (Printed name of the signer), and provided to me on basis of satisfactory evidence of identification \_\_\_\_\_ (Type of government-issued photo ID provided) to be the above-named person who signed the foregoing instrument.  
**WITNESS my hand and official seal** \_\_\_\_\_ (Notary signature).  
 My commission expires on \_\_\_\_\_ (Date) (seal)



You must return this **ORIGINAL** form to our office either in person or by mail with a copy of the identification used by the Notary Official listed in Section 2.

Mail your **ORIGINAL** form to: Wingate University | Financial Aid | PO Box 159 | Wingate NC 28174

FA Team Signature: \_\_\_\_\_ ID Used: \_\_\_\_\_