

Office of Financial Aid 1 Cumberland Square Lebanon, Tennessee 37087 615-547-1399 / Fax 615-443-8424 Toll Free 1-800-467-0562 ext. 1399

2020-2021 Identity and Statement of Educational Purpose-Dependent (To be signed at Institution)

Students and Parent(s) (if listed on FAFSA) who are unable to appear in person to complete this form must have this form properly notarized as outlined on the reverse side of this document.

				A00000			
Student's Last Name	First Name	М	Middle Initial Zip cod		CAMS Student ID		
Street	City	State			de Telephone #		
government-issued photo passport. The institution w	in person at Cumberland Un identification (ID), such as, vill maintain a copy of the st al at the institution authoriz	but not limited t tudent's photo IE	o, a driver's lic O that is annot	cense, oth	er state-issued ID, or		
In addition, the student m provided below.	ust sign, in the presence of	the institutional	official, the St	atement o	of Education Purpose		
	Statement	of Educational	Purpose				
I certify that I,		(Prin	t Student's Na	me) am th	ne individual signing this		
•	Purpose and that the federa			-			
educational purposes and	to pay the cost of attending	g Cumberland Ur	iversity for 20	20-2021			
(Student's Signature)				(Date	e)		
	Certification and S	Signature (Depe	endent Stude	ent)			
	v certifies that all of the info sleading information, you m	•	•		t. (WARNING: If you		
			(Date)				
(Student's Signature)							
	nformation is provided on the FAF	SA)		(Date)	<u> </u>		
	•	SA) r Office Use On l	v	(Date))		
(Parent's Signature) (IF their in	•	r Office Use Onl	•)		
(Parent's Signature) (IF their in	For	r Office Use Onl tocopy of ID afto	•)		
(Parent's Signature) (IF their in Original document use	For ed (check one). Attach phot	r Office Use Onl tocopy of ID afto	er verifying id				

(To be signed with Notary)

If a student is <u>unable to appear in person</u> at Cumberland University, Office of Financial Aid to verify his or her identity, the student must provide:

- a) 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
- b) The <u>original</u>, (**not photocopied**), Statement of Education Purpose, which is provided below and must be notarized. (This **document cannot be submitted electronically**, you must mail it to the address on the front of this form.)

			<u>A0000</u>			
Student's Last Name	First Name		Middle Initial	CAMS	Student ID	
 Street	City	State	Zip code		Telephone #	
	Statement	of Educati	onal Purpose			
I certify that I, Statement of Educational P educational purposes and t	urpose and that the feder	al student fi	nancial assistance	I may red	eive will only be used for	
(Student's Signature)					(Date)	
	Notary's Certi	ficate of Ac	knowledgement	;		
State of		City/Coι	inty of			
On, before me	P,		, personally appea	red,	Printed Name of Signer	
and provide to me on basis	of satisfactory evident of	identificatio	n		,	
•	•				photo ID provided)	
to the abo (Expiration Date)	ve-named person who sig	ned the fore	going instrument.			
WITNESS my hand and o	fficial seal:					
(My commission expires on	(DATE)		(Notary signature and seal)			
	Certification and	Signature (Dependent Stud	ent)		
Each person signing below purposely give false or misl		•	•		•	
(Student's Signature)				(Dat	e)	
/Parent's Signature) /IE their inform	ation is provided on the EAESA)			(Dat	o)	