INDIANAPOLIS

Office of Financial Aid

1400 East Hanna Avenue Indianapolis, IN 46227-3697 (317) 788-3217 / Fax: (317) 788-6136

financialaid@uindy.edu

Identity and Statement of Educational Purpose (Dependent) 2016–17

Your 2016–17 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "verification." In this process, the University of Indianapolis (UIndy) will compare information from your FAFSA with your educational records as well as the information that you are providing with this Identity and Statement of Educational Purpose form. The law says that we have the right to ask you for this information before awarding federal aid; therefore, no further action can be taken on your request for financial aid, including all federal, state, or need-based University funds, until you submit the required information and complete this process. It may also be necessary to submit additional information as requested. An official award letter will be sent once your aid eligibility can be established. Some FAFSAs are selected for verification after an award letter is sent. In these instances, verification information must still be collected and your aid eligibility reevaluated before your award status is final.

If there are differences between your FAFSA information and the verification documents, UIndy will make the necessary corrections electronically and submit them to the Federal Processing Center. You then will receive a Student Aid Report Acknowledgement from the Federal Processing Center to inform you of the corrections we made. Your financial aid awards may be adjusted because of the correction process.

Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

The student must appear in person at the University of Indianapolis, 1400 East Hanna Ave, Indianapolis, IN 46227

(Name of Postsecondary Educational Institution)

to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

(Institutionally authorized individual) (Signature)

If completed in the presence of a notary, this form cannot be copied or faxed. Please submit the original to: University of Indianapolis, Office of Financial Aid, 1400 East Hanna Avenue, Indianapolis, IN 46227

Identity and Statement of Educational Purpose

(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at <u>University of Indianapolis</u>, 1400 East Hanna Ave, Indianapolis, IN 46227

(Name of Postsecondary Educational Institution)

to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I	am the individual signing this
	nancial assistance I may receive will only be used for educational purposes
University of Indianapolis, 1400 East Hanna Ave, Indianapolis (Name of Postsecondary Educational Institution)	s, IN 46227 for 2016–17.
(Student's Signature)	(Date)
A	
(Student's ID Number)	
Notary's Certific	ate of Acknowledgement
State of	
City/County of	
On, before me,(Notary's name)	,
personally appeared,	, and proved to me
on the basis of satisfactory evidence of identification	
to be the above-named person who signed the foregoing instrume	
WITNESS my hand and official seal	
(Seal)	
	(Notary signature)
	My commission expires on
	(Date)

Certifications and Signatures (Dependent Student)

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose

information was reported on the FAFSA must sign and date.		
	A	
Print Student's Name	Student's ID Number	
Student's Signature	Date	
Parent's Signature		

Warning: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

For Office Use Only	
Counselor:	
Update Identity HS Results–FAA Access	
☐ Main Menu–Identity Verification Results	
(status 1–5) Status Result	
☐ Attach screen print from FAA Access reporting	
C., DOALISDE E.1120 E.,V	
Set ROAUSDF–Field 20–Enter Y	
□ V4/V5 Identity HS Result Reported	