



**2025-26 Verification - Identity and Statement of Educational Purpose Form
Dependent/Independent Student**

Office of Student Financial Services – One University Ave – Bourbonnais, IL 60914
Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@olivet.edu

ONU ID # or SSN _____ Date of Birth _____ Phone _____

Student Name _____
Last First M.I.

Student Address _____
Street (include apartment #) City State ZIP Code

**Identity and Statement of Educational Purpose
(To Be Signed at the Institution)**

The student must appear in person at Olivet Nazarene University 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.

**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 Olivet Nazarene University 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 Statement
(Print Student’s Name)

of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Olivet Nazarene University for 2025-2026.

(Student’s Signature) (Date) (Student’s ONU ID #)

Notary’s Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____, personally
(Date) (Notary’s name)

appeared, _____, and proved to me on basis of satisfactory evidence of identification
(Printed name of signer)

_____ to be the above-named person who signed the foregoing instrument.
(Type of unexpired government-issued photo ID provided)

WITNESS my hand and official seal
(seal)

Notary signature _____
My commission expires on _____

This section to be completed by Olivet Nazarene University Office of Student Financial Services Administrator	
ID Type:	ID Number:
Rec’d By:	Signature:
Copy of ID Attached:	Date:
Olivet Official: Write your name and today’s date on the copy of the photo ID attached to this statement.	