



# Identity & Statement of Educational Purpose 2024-2025

**Financial Aid Office**  
 Phone: (208) 524-3000 ext.7  
 Toll Free: 1-800-662-0261  
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[financial.aid@cei.edu](mailto:financial.aid@cei.edu)

1600 S. 25<sup>th</sup> E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	SSN	Phone Number

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The federal government requires colleges to check the accuracy of the information you provided on your FAFSA. You must complete this worksheet, sign, attach any required documents, and submit the form to the Financial Aid Office before they can establish your eligibility for assistance. If you have questions about verification, contact our Financial Aid Office.

**INSTRUCTIONS:** To confirm your identity, you must:

1. Appear in person at CEI and complete page 1
2. **OR** If you cannot appear in person, go to a Notary and complete page 2

## Identity & Statement of Educational Purpose (page 1) To Be Signed at the Institution

The student must appear in person at **College of Eastern Idaho** 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 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:

**Statement of Educational Purpose:**

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

Statement 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  
College of Eastern Idaho for 2024-2025.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
**(Student's Signature)** **(Date)**

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

**Certifications and Signatures**

The person signing this form certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

<b>Financial Aid Office Use Only</b>	Received By: _____	Date Received: _____	Documentation Received <input type="checkbox"/>
CPS reporting complete <input type="checkbox"/>	FA Staff Reported: _____	Date Reported: _____	Document Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Awarded: <input type="checkbox"/> Date: _____	Email Notification <input type="checkbox"/>	Processed By: _____

## Identity & Statement of Educational Purpose (page 2) To Be Signed in the Presence of a Notary\*\*

First Name	Last Name	Student ID	SSN	Phone

**\*\* If the student is unable to appear in person at College of Eastern Idaho 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 notarized Statement of Educational Purpose provided below.

**Statement of Educational Purpose:**

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

Statement 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 College of Eastern Idaho for 2024-2025.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
**(Student's Signature)** **(Date)**  
WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and proved to me  
(Printed name of signer)

because 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**

(seal) \_\_\_\_\_ (Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

<b>Financial Aid Office Use Only</b>	Received By: _____	Date Received: _____	Documentation Received <input type="checkbox"/>
CPS reporting complete <input type="checkbox"/>	FA Staff Reported: _____	Date Reported: _____	Document Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Awarded: <input type="checkbox"/> Date: _____	Email Notification <input type="checkbox"/>	Processed By: _____