



815 North Orlando Smith Rd, CTC-1015 Oglesby, Illinois 61348 | E-mail: financialaid@ivcc.edu |  
Telephone: 815-224-0438 | Fax: 815-224-0638

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student's ID Number

**A. Identity and Statement of Educational Purpose**

The student **must appear in person** at Illinois Valley Community College to verify their identity by presenting a valid, unexpired, 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 collect the student's ID.

In addition, the student must sign, **in the presence of the institutional official**, the following statement:

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this 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 Illinois Valley Community College for 2024-2025.  
(Print Student Name)

\_\_\_\_\_  
Student Signature → **Must be drawn and not typed.**

\_\_\_\_\_  
Date

If the student is unable to appear in person at Illinois Valley Community College to verify their identity, the student must provide:

- (a) A copy of the valid, unexpired, 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 original notarized Statement of Educational Purpose provided below.

**Notary's Certificate of Acknowledgement**

State of Illinois  
City/County of \_\_\_\_\_

On \_\_\_\_\_ (Date), before me, \_\_\_\_\_ (Notary's name), personally  
appeared, \_\_\_\_\_ (Printed name of signer), and proved to me on basis of  
satisfactory evidence of identification \_\_\_\_\_ (Type of government-issued photo ID)  
to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary signature)                      (Date)

**B. Certification and Signature**

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

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

\_\_\_\_\_  
Student Signature → **Must be drawn and not typed.**

\_\_\_\_\_  
Date

**Forms can be submitted by:**  
**Fax:** 815-224-0638 | **Mail:** Office of Financial Aid, 815 N. Orlando Smith Rd Oglesby, IL 61348 | **In Person:** CTC-101S

*Note: Documents submitted via email cannot be accepted due to security reasons.*