

8900 U.S. Highway 14 | Room A260 | Crystal Lake, Illinois 60012 Phone: (815) 455-8761 | Fax: (815) 455-8594 | finaid@mchenry.edu

2025-2026 Identity and Statement of Educational Purpose

<u>DO NOT complete this form in advance.</u> Your application has been selected for verification and confirmation of your identity is required prior to receiving financial aid. Verification is a process in which the Department of Education or the Institution you're attending may select your FAFSA information to be confirmed by requesting documentation from the student, student's spouse, and/or student's parent(s), if applicable.

This form must be completed on-campus in the presence of an approved representative of McHenry County College, or in the presence of a notary public.

To complete this form, first fill-out your personal information below in "Step A. Student Information", then chose to complete either:

Option 1: Appear in person at McHenry County College

or

Option 2: Appear in person at notary public

A. STUDENT INFORMATION

*Do not leave any blank spaces in the section. Input "N/A" if the item does not apply to you.

Student ID#		Academic Program	
Student's Last Name	First Name	M.I.	Student's Social Security Number
Student's Street Address (include apt.no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Numb	per (include area code)	· · · · · · · · · · · · · · · · · · ·	Student's Alternate/Cell Phone Number



OPTION 1: APPEAR IN PERSON AT MCHENRY COUNTY COLLEGE

The student must sign this form in the presence of the institutional official. The student must appear, in person, at MCHENRY COUNTY COLLEGE to verify his or her identity by presenting a valid government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID, or passport.

- Statement of Educational Purpose - for students appearing in person at McHenry County College

I certify that I,	, am the individual			
(Print Stu	udent Name)			
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 MCHENRY COUNTY COLLEGE for 2025-2026.				
Student's Signature	Date			
For Office Use Only				
Date received	Copy of photo ID received			
Signature of authorized official	Print name of authorized official			

OPTION 2: APPEAR IN PERSON AT A NOTARY PUBLIC

If the student chooses to appear in person at a notary public rather than to appear in person at McHenry County College, the student must provide to McHenry County College the following items:

- 1. A copy of the government ID that is used for the purpose of this verification and acknowledged below by the notary. The Government ID must be a valid, government-issued photo ID that is unexpired. Identification allowed includes, but is not limited to, a state-issued driver's license, other state-issued ID, or passport.
- 2. The <u>original</u> signed and notarized Statement of Educational Purpose provided below. If, for any reason, the notary statement does not appear on the same page as the Statement of Educational Purpose, there must be a clear and inarguable statement indicating that the Statement of Educational Purpose was the document notarized.

The student must sign this form in the presence of the notary public. The student must appear, in person, at a notary public to verify his or her identity by presenting a valid government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID, or passport.



- Statement of Educational Purpose - for students appearing in person at a notary public

I certify that I,		, am the individual
signing this State	Print Student Name ement of Educational Purpose	e) and that the federal student financial
assistance I may	receive will only be used for	educational purposes and to pay the cost of
attending MCHEI	NRY COUNTY COLLEGE for	2025-2026.
Student's Signature		Date
NOTA	RY'S CERTIFICATE OF A Notary's certification may	CKNOWLEDGEMENT vary by State
State of	City/County of	on, (date)
Before me,(Notary		appeared,, (Printed name of signer)
(Type of unexpired govern	nment-issued photo ID provided)	_ to be the above-named person who signed
WITNESS my hand and o (seal)	fficial seal	Notary signature
My commission expires on	(Date)	

For forms completed in the presence of a Notary Public, mail the original completed form to: 8900 US Highway 14, Crystal Lake, IL, 60012