

### OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674

WWW.FINANCIALAID.CMICH.EDU

# 2025-2026 PROOF OF IDENTITY

# OPTION #1 - TO BE SIGNED AT THE INSTITUTION

Student Name (please print)	Phone Number (including area code)	Campus ID Number	
Complete Option #1 if you can return this form in person. If you cannot appear in person, complete Option #2 on the next page. **This form and documentation <u>cannot</u> be uploaded to your financial aid portal. **			
OPTION #1: To Be Completed in Person	on with a Central Michigan Universit	y Official (in the presence of)	
The student must appear in person at Ce affiliate office, to verify their identity by such as, but not limited to, a driver's lice the student's photo ID annotated by the authorized official at the institution, and	presenting an unexpired, valid governm nse, other state-issued ID, or passport. I institution with the date it was received	ent-issued photo identification (ID),  The institution will maintain a copy of and reviewed, the name of the	
CMU Of	ficial: Place ID in this box when cop	oying	
Origina	Il ID must be presented to CMU Of	ficial	
Student Signature	Date	Student ID#	
Name of Authorized Individual			
Signature of Authorized Individual			



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## OPTION #2 - TO BE COMPLETED WITH A NOTARY

Student Name (please print)	Phone Number (including area code)	Campus ID Number
OPTION #2: To Be Completed W	ith (In The Presence Of) A Notary	
If the student is unable to appear in pemust provide the institution:	erson at Central Michigan University, Warriner Hall 20	)2, to verify their identity, the student
	d valid government-issued photo identification (ID) to esented to a notary, such as, but not limited to, a drive	
I certify that I (Print Student's Name) _ this Proof of Identity form and that the associated with attending Central Mich	e Federal student financial assistance I may receive w	am the individual signing am the individual signing will only be used for educational purposes
** A virtual appointment may be requ	ired if additional information is necessary upon recei	pt of this notary certification.
Student Signature	Date	Campus ID Number
********	****Notary's Certificate of Acknowledgem	ent*******************
State of:	City/County of:	
On (Date)	, before me, (Printed Name of Notary)	
personally appeared, (Printed Name of Si	gner)	, and proved to me on basis of
satisfactory evidence of photo identifica	tion (Type of government-issued photo ID provided)	
to be the above-named person who sign	ed the foregoing instrument.	
Witness my hand and official seal (Seal)	(Notary Signature)	
	My commission expires on (Date)	

<sup>\*\*</sup> A virtual appointment may be necessary and requested by a CMU official to confirm information submitted on this form.\*\*