

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) Cal	mpus ID Number
	eturn this form in person. If you cannot appear in pers	· · · · · · · · · · · · · · · · · · ·
or Option #3 on the next page. ***	This form and documentation <u>cannot</u> be uploaded to yo	ur Jinanciai ala portal. **
OPTION #1: To Be Completed	in Person with a Central Michigan University Offic	ial (in the presence of)
affiliate office, to verify their ide such as, but not limited to, a driv the student's photo ID annotated	on at Central Michigan University's Financial Aid Office, ntity by presenting an unexpired, valid government-iss er's license, other state-issued ID, or passport. The inst by the institution with the date it was received and reon, and their signature verifying the student's ID was received.	ued photo identification (ID), itution will maintain a copy of viewed, the name of the
C	MU Official: Place ID in this box when copying	
(Original ID must be presented to CMU Official	
Student Signature	Date	Student ID#
Name of Authorized Individu	al	
Name of Authorized Individu		Date
Signature of Authorized Indi		



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OPTION #3 - TO BE COMPLETED WITH A NOTARY

Student Name (please print)	Phone Number (including area code)	Campus ID Number
cannot appear in person and do not so original document completed with "w		•
OPTION #3: To Be Completed W	ith (In The Presence Of) A Notary	
If the student is unable to appear in pe must provide the institution:	rson at Central Michigan University, Warrine	r Hall 202, to verify their identity, the student
	valid government-issued photo identification sented to a notary, such as, but not limited to	 ::
	Federal student financial assistance I may re-	am the individual signing ceive will only be used for educational purposes
** A virtual appointment may be requi	red if additional information is necessary upo	on receipt of this notary certification.
Student Signature ***********************************	Date ****Notary's Certificate of Acknowle	Campus ID Number
State of:	City/County of:	
On (Date)	, before me, (Printed Name of Notary)	
personally appeared, (Printed Name of Sig	ner)	, and proved to me on basis of
satisfactory evidence of photo identificat	ion (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)	