2022-2023 INDEPENDENT

CUSTOM VERIFICATION GROUP

V4

A Fueline Cellene and T	and all all Committees		Page 1 of 2
School: Erskine College and TI	neological Seminary		
Student Name:		SSN:	
may ask you to confirm the information you institutional verification document and with information was reported on the FAFSA m documents to us. We may ask for addition	u reported on your FAFSA. To verify that y any other required documents. If there ar ust complete and sign this institutional ver al information. Should additional space be	you provided correct information, we will compare differences, your FAFSA information may ne riffication document, attach any required docume required for any of the below fields, a separate	ed to be corrected. You and a parent whose
the bottom of this form) in person a the statement in front of a Notary w	and their unexpired government-iss vith the Notary's information also c	sued photo ID kept on file. If they canno	nes not replace the required signature(s) at ot be present at the school they must sign nust sign confirming they have copied the cord retention period.
Check the box that applies:	In Person at the School	In Person in Front of a Not	ary
IDEN	ITITY AND STATEMENT OF EDUCA	ATIONAL PURPOSE (To be signed at th	e institution)
The student must appear in person at	Erskine College and Theologica	al Seminary to ve	erify his or her identity by presenting
	(Name of Post Secon	dary Educational Institution)	
an unexpired government-issued photo	to identification (ID), such as, but not	limited to, a driver's license, other state-iss	sued ID, or passport. The
institution will maintain a copy of the s	tudent's photo ID that is annotated by	the institution with the date it was receive	d and reviewed and the
name of the official at the institution a	uthorized to receive and review the st	udent's ID.	
Statement of Educational Purpose			
I certify that I		am the individual signing this Statem	ent of Educational Purpose
	(Print Student's Name)		
and that the Federal student financial	assistance I may receive will only be	used for educational purposes and to pay	the cost of attending
Erskine College and Theological Sem	inary	for 2022-2023.	
(Name of Post Secondary I	Educational Institution)		
(Student's Signature)	gnature)	(Date)	
School Official Certification			
I have received and reviewed govern		government-issued	d ID
	(Student Name)		(Type of ID)
on			
(Date reviewed)			
(School official signal	ture)	(Print Name)	(Date)

2022-2023 INDEPENDENT

CUSTOM VERIFICATION GROUP

V4

5 1: 0 !! 1 . 10 .		Page 2 of 2		
School: Erskine College and Theological Seminary				
Student Name:				
Notary's Certificate of Acknowledgement				
IDENTITY AND STATEMENT OF EDUCATION	ONAL PURPOSE (To be signed	in the presence of a Notary)		
The student is unable to appear in person at Erskine College and T (Name of F	Theological Seminary Post Secondary Educational Institu	to verify his or her identity,		
the student must provide to the institution;				
(a) A copy of the unexpired government-issued photo identification ((ID) that is acknowledged in the n	notary statement below or that is presented to		
a notary, such as, but not limited to, a driver's license, other sta	ite-issued ID, or passport; and			
(b) The original Statement of Educational Purpose, provided below,	which must be notarized. If the r	notary statement appears on a		
separate page than the Statement of Educational Purpose, the	re must be a clear indication that	the Statement of Educational Purpose		
was the document notarized.				
Statement of Educational Purpose				
I certify that I	am the individual signing	this Statement of Educational Purpose and		
(Print Student's Name)		·		
that the Federal student financial assistance I may receive will only be us	• •	to pay the cost of attending		
Erskine College and Theological Seminary (Name of Post Secondary Educational Institution)	for 2022-2023.			
(Name of Post Secondary Educational Institution)				
		-		
(Student's Signature)	(Date)			
Notary's Certificate of Acknowledgement				
State of, 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		to be the above-named		
and provide to the St. 2222 St. 2222222.	(Type of Government-Issued Ph			
person who signed the foregoing instrument.				
SEE	S my hand and official seal			
	My Comr	mission Expires On:		
(Notary's Signature)	Wiy 001	(Date)		
C. CERTIFICATION AND SIGNATURE By signing below, you certify that all of the information reported is of	complete and correct. <i>The student/pe</i>	arent reported on the FAFSA must sign and date.		
		II .		
Student Signature	 Date	WARNING: If you purposely give false or misleading information on this worksheet, you mabe fined, be sentenced to jail, or both.		