



2025-26 Identity and Statement of Educational Purpose (PSEP26)

Student Name: _____ **ETSU E-Number: E** _____

To continue processing your Free Application for Federal Student Aid (FAFSA), which was selected for verification, please complete and submit this form to our office. Incomplete forms or conflicting information will delay the process. Submitted documents may require additional documentation. Federal regulations require ETSU to verify your FAFSA information is accurate and will be corrected with the information provided on this form. Please read carefully. **DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).**

In Person: Statement of Educational Purpose

Instructions: Complete page 1 only in the presence of an ETSU Financial Aid Official. You must also present at the time of completion, a **valid government issued photo identification**, photo copies are not acceptable. 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 receive and review the student's ID. Acceptable government issued photo identifications include, but are not limited to:

- Driver's License
- Passport
- Other state/issued ID

In addition, the student must sign, in the presence of the institutional official, the State of Educational Purpose provided below:

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 to pay the cost of attending East Tennessee State University Gatton College of Pharmacy for the 2025-26 academic year.

Student Signature

Date

****OFFICIAL OFFICE USE ONLY****

Type of ID presented by student: _____

Date Received/Copies: _____

ETSU Official Who Reviewed ID: _____

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(Complete page 2 ONLY if you are unable to submit the form in person. Page 2 must be signed in the presence of a notary.)

Student Name: _____ **ETSU E-Number: E** _____

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Instructions:

If the student is unable to appear in person at East Tennessee State University to verify his or her identity, they must complete the Statement of Educational Purpose, in front of a notary, and mail items to **East Tennessee State University, Gatton College of Pharmacy, Office of Financial Aid , PO Box 70414, Johnson City, TN 37614**. Items A and B below must be mailed via the United States Postal Service. Copies sent via FAX, email, photo attachments, etc. **cannot be accepted**.

- a) A front and back copy of an unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport, and
- b) The original Statement of Educational Purpose provided below, which must be completed in front of a notary and notarized. If the notary statement appears on a separate page from the Statement of Educational Purpose, there must be a clean identification that the statement of education purpose was the document notarized.

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 to pay the cost of attending East Tennessee State University Gatton College of Pharmacy for the 2025-26 academic year.

Student Signature

Date

Notary Section

State of _____
City/County of _____

On, _____, before me, _____ personally appeared _____
(date) (Notary name) (Student name)
and proved to me on the basis of satisfactory evidence of identification _____
(type of unexpired government-issued photo identification provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal/stamp)

Notary Signature

My commission expires on _____
(date)