

2026-27 STATEMENT OF IDENTITY VERIFICATION

This form should be completed in the presence of a notary public, DO NOT FILL OUT AHEAD OF TIME!

Print First Name: _____ Print Last Name: _____

Signature: _____ Date: _____ ID: _____

Notary's Certificate of Acknowledgement

State of _____, City/County of _____, on _____,

(date) before me (printed notary's name) , _____, personally appeared (printed name of

signer), _____, and proved to me on the basis of satisfactory evidence of identification

(type of unexpired government-issued photo ID provided) _____, to be the above-named

person who signed the foregoing instrument.

WITNESS my hand and official seal (seal)



Notary signature: _____

My commission expires on (date): _____

Mail this original form along with a copy of the same government issued photo ID that you provided to:

Salem State University
Financial Aid/Student Navigation Center
352 Lafayette St, Salem, MA 01970

Questions? Call us at 978.542.8000

NOTE: ANY DELAY IN RESPONDING OR RETURNING THIS FORM MAY RESULT IN LOSS OF FINANCIAL AID.