

 Email:
 finaid@cnu.edu

 Phone:
 (757) 594-7170

 Fax:
 (757) 594-7113

Mail: 1 Avenue of the Arts,

Newport News, VA 23606

2025-2026 Verification of Identity

Your application has been selected for Verification of Identity. We must collect this information before we can complete your financial aid.

You will need to complete Section A below and <u>either</u> section B <u>or</u> C. If you can appear in person at Christopher Newport University, you should complete section B. If you are unable to appear in person, complete section C.

Section A: Student Information				
Last Name	First Name MI		Christopher Newport Student ID #	
Address			Social Security Number	
City	State	Zip Code	Phone Number with Area Code	
Section B: Identity Verific	cation (THIS SECTION IS TO	BE COMPLETED A	AT THE INSTITUTION)	
with the date it was received review the student's ID.	and reviewed, and the name	of the official at the	oto ID that is annotated by the institution institution authorized to receive and at Christopher Newport University.	
	Verification	on of Identity		
•	Aid Administrator)		n unexpired, valid, government ID for the University and was reviewed as of the	
date of my signing.				
(Student's Signature)		(Date)		
(Financial Aid Administrator Sigr	ature)	(Date)		

<u>Please note</u>: if the student <u>cannot</u> appear in person at Christopher Newport University, please refer to Section C on the next page for instructions on completing the Statement of Educational Purpose with a notary.

Section C: Identity Remote Verification (THIS SECTION IS TO BE SIGNED WITH A NOTARY)

If the student is unable to appear in person at Christopher Newport University to verify their identity, the student must provide to the institution a copy of the 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.

(Student's Signature)	(Date)	
	Notary's Certificate of Acknowledgment	
State of		
City/County of		
On, before me	, (Notary's Name)	
(Date)	(Notary's Name)	
Personally appeared,		, and proved to me on the
	(Printed Name of Signer)	
basis of satisfactory evidence of ide	ntification,	, to b
·	(Type of unexpired government-iss	sued photo ID provided)
the above-named person who signe	ed the foregoing instrument.	
WITNESS my hand and official seal		
(SEAL)	(Notary Signature)	
	My commission expires on	
	,	nte)