

Signature of Authorized Individual

Financial Aid Office 3750 Cleary Dr. Howell, MI 48843 PHONE: (800) 686-1883 Ext. 6504

https://www.cleary.edu/admissions/financial-aid/

2025-2026 PROOF OF IDENTITY OPTION #1 - TO BE SIGNED AT THE INSTITUTION

Student Name (please print)	Phone Number (including area code)	Student ID Number
	irn this form in person. If you cannot appear in cumentation cannot be uploaded to your financ	•
OPTION #1: To Be Completed in	n Person with a Cleary University Official (in	n the presence of)
affiliate office, to verify their identi (ID), such as, but not limited to, a c copy of the student's photo ID ann	at Cleary University's Financial Aid Office, 3750 ity by presenting an unexpired, valid government driver's license, other state-issued ID, or passpontated by the institution with the date it was retitution, and their signature verifying the stude	nt-issued photo identification ort. The institution will maintain a eceived and reviewed, the name
<u>Clear</u>	<u>y Official</u> : Place ID in this box when copy	ring
Original an	nd Valid ID must be presented to a Cleary	y Official
Student Signature	Date	Student ID#
Name of Authorized Individual		



Financial Aid Office 3750 Cleary Dr. Howell, MI 48843 PHONE: (800) 686-1883 Ext. 6504

https://www.cleary.edu/admissions/financial-aid/

2025-2026 PROOF OF IDENTITY OPTION #2 – TO BE COMPLETED WITH A NOTARY

Student Name (please print)	Phone Number (including area code)	Student ID Number		
OPTION #2: To Be Completed With	(In The Presence Of) A Notary			
If the student is unable to appear in person at provide the institution:	: Cleary University, 3750 Cleary Dr, to verify th	neir identity, the student <u>must</u>		
	government-issued photo identification (esented to a notary, such as, but not limited to below:			
I certify that I (Print Student's Name)		am the individual		
signing this Proof of Identity form and that the Federal student financial assistance I may receive will only be used for				
educational purposes associated with attend	ing Cleary University for 2025-2026.			
** A virtual appointment may be required if additional information is necessary upon receipt of this notary certification.				
., , ,	, .	,		
Student Signature	Date	Student ID Number		
*********	ary's Certificate of Acknowledgement	*******		
Note	ary's Certificate of Ackilowieugement			
State of:	City/County of:			
On (Date) before	ma (Drintad Nama of Natary)			
On (bate) before	me, (Printed Name of Notary)			
personally appeared, (Printed Name of Signer)		and proved to me on basis of		
satisfactory evidence of photo identification (Ty	pe of government-issued photo ID provided)			
to be the above-named person who signed the f	oregoing instrument.			
Witness my hand and official seal (Seal)	(Notary Signature)			
	My commission expires on (Date)			