

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

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

2026-2027 PROOF OF IDENTITY OPTION #1 - TO BE SIGNED AT THE INSTITUTION

Student Name (please print)	Phone Number (including area code)	Student ID Number		
	this form in person. If you cannot appear in nentation <u>cannot</u> be uploaded to your finan	•		
OPTION #1: To Be Completed in Pe	erson with a Cleary University Official (i	in the presence of)		
affiliate office, to verify their identity be such as, but not limited to, a driver's lie of the student's photo ID annotated by	Cleary University's Financial Aid Office, 375 by presenting an unexpired, valid government cense, other state-issued ID, or passport. The institution with the date it was received their signature verifying the student's ID	ent-issued photo identification (ID), he institution will maintain a copy red and reviewed, the name of the		
Cloopy O	Official: Place ID in this hav when son	wing		
Cleary Official: Place ID in this box when copying				
Original and \	Valid ID must be presented to a Clea	ry Official		
Student Signature	Date	Student ID#		
Name of Authorized Individual				
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/

2026-2027 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 per provide the institution:	rson at Cleary University, 3750 Cleary Dr, to verify	y their identity, the student <u>must</u>
.,	valid government-issued photo identificationt is presented to a notary, such as, but not limite fy below:	_ ` ,
certify that I (Print Student's Name)		am the individual
signing this Proof of Identity form and	that the Federal student financial assistance I ma attending Cleary University for 2026-2027.	y receive will only be used for
** A virtual appointment may be requir	red if additional information is necessary upon re	eceipt of this notary certification.
Student Signature	 Date	Student ID Number
*******	*Notary's Certificate of Acknowledgem	nent******************
State of:	City/County of:	
On (Date) b	pefore me, (Printed Name of Notary)	
personally appeared, (Printed Name of S	igner)	and proved to me on basis of
satisfactory evidence of photo identificati	ion (Type of government-issued photo ID provided)	
to be the above-named person who signe	d the foregoing instrument.	
Witness my hand and official seal (Seal)	(Notary Signature)	
	My commission expires on (Date)	