Southern Oregon University Office of Financial Aid and Scholarships 1250 Siskiyou Blvd. Ashland, OR 97520 541-552-6600 finaid@sou.edu



Verification of Student Identity

Student's Last Name	Student's First Name	MI
SOU ID Number	Student's Email Address	
Student's Phone Number	Student's Date of Birth	
The original copy of	this document must be presented to the institu	ution.
,	/erification of Student Identity	
The student must present to the Financial Aid office by presenting an unexpired valid government-issue state-issued ID, or passport (Military IDs are not according to the student's photo ID that is annotated by the ir the institution authorized to receive and review the	ed photo identification (ID), such as, but not limed exceptable due to limitations on making copies). Institution with the date it was received and revi	nited to, a driver's license, other . The institution will maintain a copy
Per the Department of Education fraud prevention Fraud Through Verification students are now able t ID to a Financial Aid Administrator.	•	•
I certify that I am the individual sign	ing this document and the information provide	d is true and correct.
Expiration Date of Government Issued ID:		
Financial Aid Administrator Full Name (Printed):		
Financial Aid Administrator Signature:	Date:	·