



FINANCIAL AID

Identity Verification Form 2025/2026

University of Central Missouri
Student Financial Services
P.O. Box 800
1100 Ward Edwards Building
Warrensburg, MO 64093

Phone 660-543-8266
Webpage: www.ucmo.edu/sfs
Documents Only Email:
financialassistance@ucmo.edu

IDVERF

Student Name _____

ID # _____

If the student is unable to appear in person at the **University of Central Missouri** to verify his or her identity, the student must do the following to provide their Identity documentation:

1. **Appear on a Video Call and present an unexpired, valid, government-issued photo identification to an institutionally authorized individual, on this video call, who will review the identification. The authorized individual is required to maintain a scanned copy (electronic or hardcopy) of the identification documentation. This can be accomplished through a screenshot of the video call that has legible details of the identification.**

If verified via Video Call: Date of Video Call _____

Authorized UCM Representative Name** _____

UCM Representative Title _____ (Copy of Screenshot attached)

A copy of a **valid non-military, government-issued photo identification** (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport.

(To Be Signed With Notary)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and provided to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of 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)

Instructions to student: Mail this notarized statement along with a copy of the valid government-issued ID described above to the address above.

**** (Representative to attach notes of video call)**