



Office of Financial Aid and Veteran Services
2400 W. Bradley Avenue, U-286
Champaign, IL 61821-1899
E-mail: finaid@parkland.edu
Telephone: 217-351-2222
Fax: 217-373-3807

2025-2026
Verification Worksheet
V4 - Independent Student

**Forms can be submitted by mail, fax (217/373-3807), or delivered in person.
To ensure your privacy, DO NOT submit forms through email.**

Name

Student's ID Number

**To complete the Identity and Statement of Educational Purpose,
please fill out either Section A or Section B (only one section needs to
be completed to fulfil requirements).**

A. Identity and Statement of Educational Purpose
(Must Be Signed at the Institution)

The student **must appear in person** at Parkland College to verify their identity by presenting a valid, unexpired, government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, **in the presence of the institutional official**, the following statement:

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose, and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Parkland College for 2025-2026.
(Print Student Name)

(Student's Signature)

(Date)

B. Identity and Statement of Educational Purpose
(Must Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Parkland College to verify their identity, the student must provide:

- (a) A copy of the valid, unexpired, 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; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____,
(Print Student Name)
am the individual signing this Statement of Educational Purpose, and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Parkland College for 2025-2026.

(Student's Signature)

(Date)

Notary's Certificate of Acknowledgement

State of Illinois

City/County of _____

On _____ (Date), before me, _____ (Notary's name), personally appeared, _____ (Printed name of signer), and proved to me on basis of satisfactory evidence of identification _____ (Type of government-issued photo ID) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary signature)

(Date)

Illinois Residency Verification

The Illinois Student Assistance Commission (ISAC) requires independent students to verify Illinois residency.

*For an independent student to be considered a resident of Illinois they must have physically resided in Illinois for 12 continuous full months immediately **prior to the start of the academic year** for which assistance is requested and Illinois must be their true, fixed, and permanent home.*

You must submit a copy of one of the acceptable documents listed below.

- Illinois driver's license or Valid State of Illinois Identification Card **issued prior to 8/18/2024**
- Utility or rent bills in the student's name **issued between 8/18/2023 and 8/18/2024**
- Illinois Auto Registration for the student with an expiration date **between 8/18/2024 and 8/18/2025**
- Statement of benefits history from the Illinois Department of Healthcare and Family Services, Illinois Department of Employment Security, or Social Security Administration **issued between 8/18/2023 and 8/18/2024**
- Residential lease **issued between 8/18/2023 and 8/18/2024**
- Illinois voter's registration card **issued between 8/18/2023 and 8/18/2024**
- Property tax bill **issued between 8/18/2023 and 8/18/2024**

If documents cannot be provided, please check the box below:

- ☐ I am unable to provide any of the required documents to verify Illinois residency. I understand that checking this box will render me ineligible to receive the Illinois MAP Grant.

Certification and Signatures

I certify that all the information reported on this form is complete and correct.

Student Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Handwritten signatures are required. Electronic signatures will not be accepted.