

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student's name (PRINT): _____ Student ID: _____

DO NOT complete this form in advance. You must 1) complete this form, in person, at the Office of Financial Aid **OR** 2) sign this form in the presence of a notary public and mail, the original, notarized document to the Office of Financial Aid.

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 _____ for 2018-2019.
(Print student's name)
(Name of Postsecondary Educational Institution)

Student's Signature: _____ Date: _____

To be completed by a Notary Public (If not appearing in person)

If you are unable to appear in person at the Office of Financial Aid, please also complete the below section to verify your identity. You must complete this form in the presence of a notary public. You must then provide the original notarized statement, as well as a copy of the *unexpired* valid government-issued photo identification, acknowledged below, to the Office of Financial Aid.

State of _____ City/County of _____

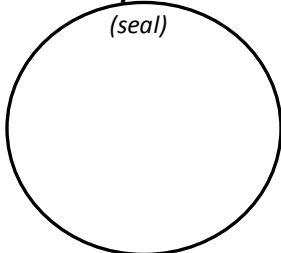
On _____, before me, _____
(Date) *(Notary's name)*

personally appeared _____, and proved to me on a basis of satisfactory
(Printed name of signer)

evidence of identification _____ to be the above-named person who
(Type of government-issued photo ID provided)

signed the foregoing instrument.

WITNESS my hand and official seal



(seal)

(Notary Signature)

My commission expires on _____
(Date)

Proof of Identity

The student must appear in person at _____
(Name of Postsecondary Institution)

to verify his or her identity by presenting an *unexpired* valid government-issued photo identification, 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

Received by: _____ Date: _____

Type of ID: _____ Expiration Date: _____

[Place ID Here to Copy]