The student must appear in person at ____________________________ to verify his or her identity
(Name of Postsecondary Educational Institution)
by presenting a valid 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 with the date it
was received 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 of Educational Purpose**

I certify that I _____________________________ am the
(Print Student’s Name)
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
(Name of Postsecondary Educational Institution)

(Student’s Signature)     (Date)

(Student’s ID Number)

**Certification and Signatures**

By signing this form, I certify that all the information reported on this form is complete and correct. I understand that I
must submit any required documents and forms as noted above, based on our circumstances, before the student’s
financial aid file may be ready for review. I also understand that false statements and/or misrepresentations on this form
may result in fines, sentencing to jail, loss of financial aid eligibility, and/or required repayment of financial aid already
received.

________________________________________________________
Student’s Signature                             Date
Identity and Statement of Educational Purpose  *(To Be Signed With Notary)*

If the student is unable to appear in person at ___________________________ to verify his or her identity, the student must provide:

(a) A copy of the valid 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 ___________________________ 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 2014-2015.

_________________________ (Student’s Name)  ___________________________ (Student’s ID Number)  ________________________ (Date)

**Certification and Signatures**

By signing this form, I certify that all the information reported on this form is complete and correct. I understand that I must submit any required documents and forms as noted above, based on our circumstances, before the student’s financial aid file may be ready for review. I also understand that false statements and/or misrepresentations on this form may result in fines, sentencing to jail, loss of financial aid eligibility, and/or required repayment of financial aid already received.

_________________________ (Student’s Signature)  ___________________________  ________________________ (Date)

**Financial Aid office Signature**

_________________________ (Name and Title)  ___________________________  ___________________________  ___________________________  ________________________ (Date)

**Notary’s Certificate of Acknowledgement**

State of ___________________________

City/County of ___________________________

On ___________________________, before me, ___________________________, personally appeared, ___________________________, and provided to me on basis of satisfactory evidence of identification ___________________________, to be the above-named person who signed the foregoing instrument.

_________________________ (Notary’s name)  ___________________________  ___________________________  ___________________________  ___________________________

WITNESS my hand and official seal  ___________________________  ___________________________  ___________________________  ___________________________

_________________________ (Notary’s name)  ___________________________  ___________________________  ___________________________  ___________________________

My commission expires on ___________________________  ___________________________  ___________________________  ___________________________