WAYNESBURG UNIVERSITY

2014-2015 Statement of Educational Purpose/ Verification of Identity Form

The purpose of this form is to verify your identify and for you to provide a signed statement of educational purpose. Please complete this document in person at the Financial Aid Office. If you are unable to provide this information in person, you must provide the following to the Financial Aid Office by US Mail:

- Copy of a government-issued photo identification, such as a driver's license, passport of military ID; **and**
- This original notarized statement of educational purpose form signed by the student.

Student Information

_____ _____ _____ ____XXX-XX_____
Last Name *First Name* *M.I.* *Social Security Number*

_____ _____ _____
Date of Birth *Home Phone Number* *Student's E-mail*

Statement of Education Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and
Print Student's Name
that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Waynesburg University for 2014-2015.

_____ _____
Student's Signature (if notarized, sign in presence of notary public) *Date*

If Submitting In Person (to be completed by Financial Aid staff)

_____ _____ _____
ID Type (present original document in person-need a copy for our records) *ID Number* *Expiration Date*

_____ _____ _____ _____
Financial Aid Staff Name *Financial Aid Staff Signature* *Title* *Date*

If Submitting by Mail - Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____, personally appeared
Date *Name of Notary Public*

_____, and provided to me on basis of satisfactory evidence of identification
Printed Name of Signer

_____ to be the above-named person who signed the foregoing instrument.
Type of government-issued photo ID provided

WITNESS my hand and official seal
(seal)

_____
Signature of Notary Public

My commission expires on _____.
Date