VERIFICATION OF IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Name ________________________________  Student ID ________________________________

Email ________________________________  Phone ________________________________

STOP!

This document must be signed in person with photo identification at the Financial Aid Office OR notarized by a commissioned notary public.

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 the University of Alaska Fairbanks for 2017-2018.

Student Signature ________________________________  Date _________________

The UAF Financial Aid Office has:

☐ Confirmed the student’s identity and attached a copy of student’s photo identification (if not notarized).
☐ Confirmed student’s high school graduation status.

FAO Signature ________________________________  Date _________________

Printed Name ________________________________  Title ________________________________

If not signed in person at the Financial Aid Office, this document must be notarized by a commissioned notary public. Use the space below or attach an additional page for the notary certificate and seal. Please attach a photocopy of your government issued photo identification.