



Identity and Statement Of Educational Purpose 2017-2018

STUDENT NAME _____ STUDENT ID _____

In order to complete verification, you must appear in person at Texas Woman's University to verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The Financial Aid Office will maintain a copy of your photo ID that is annotated by the institutional official with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, you must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual (Print Student's Name)

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 Texas Woman's University for 2017-2018.

(Student's Signature) (Date)

Received by _____ (FAO Personnel Signature Only) (Date)

If you are unable to appear in person at Texas Woman's University to verify your identity, you must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
(b) This original, notarized Statement of Educational Purpose provided above (no faxed or emailed documents will be accepted). This form is not to be notarized if presenting in person at the Financial Aid Office.

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

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

_____, 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)

_____ (Notary signature)

My commission expires on: _____(Date)

Return to: Texas Woman's University Financial Aid Office P.O. Box 425408 Denton, TX 76204-5408