Verification Statement of Educational Purpose

Student Name:

WESLEYA

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Wes or Applicant ID:

The student must appear in person at Wesleyan University to verify his or her 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 institution will maintain a copy of the student's photo ID that is annotated by the institution 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, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose above.

OR

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

- 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
- The original Statement of Educational Purpose provided above, which must be notarized. If the notary statement appears on a separate page than the (b) Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

STATEMENT OF EDUCATIONAL PURPOSE (Do not complete in advance.)

Y

I certify that I

(Print Student's Name)

signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be use for educational purposes and to pay the cost

of attending

(Name of Postsecondary Educational Institution)

Student Signature

Wesleyan ID Number

____ am the individual

– for 2018-19.

IDENTITY VERIFICATION AND CERTIFICATE OF ACKNOWLEDGEMENT

Date

If submitting in person (to be completed by the Wesleyan Financial Aid Administrator):

WITNESSED BY

Name	Signature	Date
Financial Aid Office: Attach a copy of the valid gove at the institution.	ernment-issued photo ID annotated with the date receive	ed and reviewed and name of the authorized official

If submitting by mail with notary certification:

State of	City/County of		
on (Date)	, before me, (Notary's na	ame)	, personally appeared,
(Printed name of signer)	, and proved to n	ne on the basis of satisfactory ident	ification
(Type of unexpired government-issue	ed photo ID provided)	to be the above-named person	who signed the foregoing instrument.
WITNESS my hand and official seal		(Notary signature)	
		My commission expires on	(Date)