

of Educational Purpose.

Verification of Identity and Statement of Educational Purpose

Student Name:		Wes or Applicant ID:	
identification (ID), such as	s, but not limited to, a driver's license, other stat	r her identity by presenting an unexpired valid go e-issued ID, or passport. The institution will mair viewed, and the name of the official at the institut	ntain a copy of the student's photo
In addition, the student m	nust sign, in the presence of the institutional office	cial, the Statement of Educational Purpose below.	
STATEMENT OF	EDUCATIONAL PURPOSE (Do	not complete in advance)	
	(DO	•	
I certify that I am the individual (Print Student's Name)			
signing this Statement of pay the cost	Educational Purpose and that the federal studen	t financial assistance I may receive will only be use	ed for educational purposes and to
of attending		for 2023-24.	
	(Name of Postsecondary Educational Instit	ution)	
Student Signature	Date	Wesleyan ID Numl	ber
IDENTITY VERIE	FICATION AND CERTIFICATE (OF ACKNOWLEDGEMENT	
To be completed b	y the Wesleyan Financial Aid Admir	istrator:	
WITNESSED BY			
Name		Signature	Date

Financial Aid Office: Attach a copy of the valid government-issued photo ID annotated with the date received and reviewed and name of the authorized official at the institution.

By signing above, I certify that I have reviewed the original document and have attached a copy of it for the University's records. I certify that, to the best of my knowledge, it appears to be valid proof of this student's identity. In addition, I have witnessed this student's signature above certifying his/her Statement