

# Verification of Identity and Statement of Educational Purpose

Student Name: \_\_\_\_\_ 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 below.

**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) 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) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the 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.)

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 \_\_\_\_\_ for 2021-22.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wesleyan ID Number

## **IDENTITY VERIFICATION AND CERTIFICATE OF ACKNOWLEDGEMENT**

**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 government-issued photo ID annotated with the date received and reviewed and name of the authorized official at the institution.*

**If submitting by mail with notary certification:**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

on \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared,  
(Date) (Notary's name)

\_\_\_\_\_, and proved to me on the basis of satisfactory identification  
(Printed name of signer)

\_\_\_\_\_ to be the above-named person who signed the foregoing instrument.  
(Type of unexpired government-issued photo ID provided)

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_

(Date)