Date Received_____

Staff Member Signature _____

Office Use Only

Office of Financial Aid

2016-2017 Statement of Educational Purpose and Certification of Identity

Student Name: _____ SSN (last four digits): ___ ___ ___ ___

Phone Number: _____

Student Type: ☐ WOM ☐ CAUS ☐ GRAD ☐ PHARM

The student must appear in person at Notre Dame of Maryland University to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The valid government-issued ID used to verify identity cannot be expired. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this statement of educational purpose and that
(Print Student's Name)

the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Notre Dame of Maryland University for 2016-2017.

_____ _____ _____

Student's Signature Date Student's ID Number

If the student is unable to appear in person at Notre Dame of Maryland University, to verify his or her identity, the student must provide:

- A **copy** of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to, a driver's license, other state-issued ID, or passport; and
- The **original notarized** statement of educational purpose provided above.

Notary Certificate of Acknowledgement (only required if NOT appearing in person)

State of _____

City/County of _____

On _____, before me, _____,
Date Notary's name

personally appeared, _____, and provided to me
Printed Name of Signer

on basis of satisfactory evidence of identification _____ to be the
(Type of government-issued photo ID provided)

above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
(seal) Notary Signature

My commission expires on _____
(Date)

_____ _____

Date Received Staff Member

This form contains personally identifiable information.

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