

Office of Financial Aid 500 Salisbury Street Worcester, MA 01609 Email: fa@assumption.edu

Phone: (508) 767-7158 Fax: (508) 519-1286

Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at the Assumption University Office of Financial Aid to verify his or her identity, the student must provide:

- (a) A copy of the unexpired 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
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I	am the individual signing this
(Print Studen	t's Name)
	e and that the Federal student financial assistance educational purposes and to pay the cost of attending 023.
(Student's Signature*)	(Date)
(Student's ID Number)	
Notary's Certificate of Acknowledgement	
State of	
City/County of	
On, before me,	
(Date)	(Notary's name)
personally appeared,	, and provided to me
	ne of signer)
on basis of satisfactory evidence of identi-	fication
·	(Type of government-issued photo ID provided)
to be the above-named person who signe	d the foregoing instrument.
WITNESS my hand and official seal (seal)	
	(Notary's Signature*)
My c	commission expires on
·	(Date)

^{*}We are not able to accept electronic signatures.