

Office of Financial Aid 500 Salisbury Street Worcester, MA 01609 Email: <u>fa@assumption.edu</u> 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 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
- (2) <u>The original notarized Statement of Educational Purpose provided below.</u>

## **Statement of Educational Purpose**

I certify that I (Print Student's Nam	am the individual signing this
Statement of Educational Purpose and th	e) at the Federal student financial assistance ional purposes and to pay the cost of attending
(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
(Printed name of si	
on basis of satisfactory evidence of identification	
	(Type of government-issued photo ID provided)
to be the above-named person who signed the fo	pregoing instrument.
WITNESS my hand and official seal (seal)	
	(Notary's Signature*)
My commission expires on	
,	(Date)