Assumption University
Office of Student Financial Services

Office of Student Financial Services
500 Salisbury Street
Worcester, MA 01609
Email: sfs@assumption.edu
Phone: (508) 767-7158
Fax: (508) 519-1286

Identity and Statement of Educational Purpose
(To Be Signed at the Institution)

The student must appear in person at Assumption University Office of Student Financial Services 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 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 an institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)
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 Assumption University for 2027-2028.

_____ _____
(Student's Signature*) (Date)

_____
(Student's ID Number)

*We are not able to accept electronic signatures.

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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 Student Financial Services to verify his or her identity, the student must provide:

(1) 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) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)
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 Assumption University for 2027-2028.

_____ _____
(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 signer)
on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

_____
(Notary's Signature*)

My commission expires on _____
(Date)

*We are not able to accept electronic signatures.