



2023-2024 VERIFICATION IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE



STUDENT INFORMATION

_____ First Name _____ M.I. _____ Last Name _____
 _____ Student ID **OR** _____ Last 4 Digits of SSN () - _____ Phone Number FC23ISEP

TO BE SIGNED WITH NOTARY

If the student is unable to appear in person at **Indiana Wesleyan University** 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 Statement of Educational Purpose provided below, **which must be notarized. Use of an online notary is unacceptable.**

Statement of Educational Purpose

I certify that I, _____, am the
Print Student's Name
 individual 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 **Indiana Wesleyan University** for 2023-2024.

_____ Student's Signature _____ Date _____

Notary's Certificate of Acknowledgement

State of _____
 City/County of _____
 On _____, before me, _____,
Date Notary's Name
 personally appeared, _____, and proved 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 Signature*

My commission expires on _____
Date

MAIL this completed form AND a copy of the **unexpired** valid government-issued photo identification to the Financial Aid Office using the contact information listed below. **Faxed or scanned/emailed forms are unacceptable.**