



UNIVERSITY OF ALASKA FAIRBANKS
FINANCIAL AID OFFICE

107 Eielson Building, P.O. BOX 756360
Fairbanks, AK 99775-6360
(907) 474-7256 or 1-888-474-7256
uaf-financialaid@alaska.edu

FA VF
24-25

VERIFICATION OF IDENTITY AND
STATEMENT OF EDUCATIONAL PURPOSE

Name

Student ID

Email

Phone

This document must be signed in person with photo identification at the Financial Aid Office OR notarized by a commissioned notary public.

I certify that I, _____, am the 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 the University of Alaska Fairbanks for 2024-2025.

Student Signature

Date

The UAF Financial Aid Office has:

Confirmed the student's identity and attached a copy of student's photo identification (if not notarized).

Financial Aid Office Signature

Date

Printed Name

Title

If not signed in person at the Financial Aid Office, this document must be notarized by a commissioned notary public. Use the space below or attach an additional page for the notary certificate and seal. Please mail the completed original form (not a copy) and a photocopy of your government issued photo identification to the Financial Aid Office.

NOTARY CERTIFICATE OF ACKNOWLEDGMENT

State of: _____ Date: _____

_____ appeared before me whose identification I have
(Name of Applicant)
verified on the bases of _____ to be signed of this application
(Type of unexpired government-issued ID provided)
and he/she/they acknowledged that he/she/they signed it.

_____ My Commission Expires: _____
(Notary' Signature) (Date)

If a notary is not available within your community, a postmaster may witness, date stamp and sign this affidavit.

