

UNIVERSITY OF ALASKA FAIRBANKS

FA SIEP 15-16

FINANCIAL AID OFFICE 107 EIELSON BUILDING, PO BOX 756360 FAIRBANKS, AK 99775-6360 (907) 474-7256 or 1-888-474-7256

Fax Number: (907) 474-7065 uaf-financialaid@alaska.edu

VERIFICATION OF IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Name	Student ID
Email S'	Phone TOP!
This document must be signed in person we Office <u>OR</u> notarized by a commissioned not	vith photo identification at the Financial Aid otary public.
I certify that I, Educational Purpose and that the federal student fina educational purposes and to pay the cost of attending	
Student Signature	Date
The UAF Financial Aid Office has: ☐ Confirmed the student's identity and attache ☐ Confirmed student's high school graduation	ed a copy of student's photo identification (if not notarized). n status.
FAO 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 for the notary certificate and seal. Please attach a photocopy of your government issued photo identification.