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 2023-2024.

_________________________________________  ___________________________
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)

(SEAL)

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