

FA VF 18-19



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	Phone STOP!
	with photo identification at the Financial Aid
Educational Purpose and that the federal student f	, am the individual signing this Statement of financial assistance I may receive will only be used for ling the University of Alaska Fairbanks for 2018-2019.
Student Signature	Date
The UAF Financial Aid Office has: ☐ Confirmed the student's identity and attached a confirmed student's high school graduation.	ched a copy of student's photo identification (if not notarized). ion 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 or attach an additional page for the notary certificate and seal. Please attach a photocopy of your government issued photo identification.