VERIFICATION OF IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Name ___________________________________________ Student ID __________________________

Email ___________________________________________ Phone __________________________

STOP!

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).

_________________________________________________________ __________________________
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.

STATE OF ______________________ DATE ______________________
(NAME OF APPLICANT) APPEARED BEFORE ME WHOSE IDENTIFICATION I
HAVE VERIFIED ON THE BASES OF __________________ TO BE SIGNED OF THIS APPLICATION
AND HE/SHE/THEY ACKNOWLEDGED THAT HE/SHE/HE THEY SIGNED IT.

(SIGNATURE OF NOTARY)

MY COMMISION EXPIRES: ______________________
IF A NOTARY IS NOT AVAILABLE, A POSTMASTER MAY WITNESS, DATE STAMP AND SIGN THIS
AFFIDAVIT.

Place Seal Here: 