



UNIVERSITY OF ALASKA FAIRBANKS  
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

FA VF  
23-24

## 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  
(TYPE OF PHOTO ID)

AND HE/SHE/THEY ACKNOWLEDGED THAT HE/SHE/THEY SIGNED IT.

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

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

Place Seal Here: