2015-16 Verification of Identity & Statement of Educational Purpose

Student's First Name ___________________________ 9-digit WSU Student ID # ___________________________
Student's Last Name ___________________________ Phone Number ___________________________

If you do not complete the verification process, you are not eligible for federal student aid.

You must appear in person and sign this form in the presence of a financial aid office authorized representative.

You must show valid government-issued photo identification (ID), such as, a driver’s license, other state-issued ID, or passport.

Statement of Educational Purpose

I certify, that I, _____________________________, am the individual signing this Statement of Educational Purpose (Print Your Name) and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Wayne State University for 2015-2016.

______________________________________________
Student’s Signature - SIGN ONLY IN THE PRESENCE OF AN AUTHORIZED OFFICIAL or NOTARY

__________________________  ________________
Date                           Student’s ID Number

You must sign this form in the presence of an official

FOR OFFICE USE ONLY:

Signature of WSU official authorized to receive this form Name Date
☐ I have annotated the copy of student’s photo ID with my name and the date received.

If you cannot appear in person, you must sign this form in the presence of a notary public AND submit this form along with a copy of the government-issued photo ID you showed the notary public.

Notary’s Certificate of Acknowledgement

State of ___________________________ City/County of ___________________________
On ___________________________ (Date), before me, ___________________________,
(Notary’s name)
personally appeared, ___________________________, and provided to me on basis of satisfactory
(Printed name of signer)
evidence of identification ___________________________, (Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand ___________________________ and official seal (if required)
(Notary signature)

My commission expires on ___________________________ (Date)

Print your name and student ID number on all documents – We cannot accept a FAX. Return this original form to:

Office of Student Financial Aid • The Welcome Center • P. O. Box 2340 • 42 West Warren • Detroit, MI 48202-0340