2018-19 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 verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, 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 2018-2019.

_________________________________________ ___________________________
Student’s Signature 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 notarized form along with a copy of the government-issued photo ID that you showed the notary public.

Notary’s Certificate of Acknowledgement

State of ___________________________________ City/County of ______________________________________
On _____________________________, before me, ________________________________________________________,
(Date) (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