



2023-2024 IDENTITY AND STATEMENT FOR EDUCATIONAL PURPOSE

LAST NAME * [input box]

FIRST NAME * [input box]

STU ID # * [input box]

The student above has been selected by the Department of Education to (1) verify his or her identity, (2) sign a statement for Educational Purpose, and (3) verify his or her High School completion or recognized equivalent.

Identity and Statement for Educational Purpose
(to be signed at St. Thomas University)

The student must appear in person at [input box] to verify his or her identity by presenting an unexpired valid
(Name of Postsecondary Educational Institution)

government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Identity and Statement for Educational Purpose
(to be signed in the presence of a notary)

If the student is unable to appear in person at [input box] to verify his or her identity, the student must provide
(Name of Postsecondary Educational Institution)

to the institution:

(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and

(b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement for Educational Purpose

I certify that I [input box] am the individual signing this Statement for Educational Purpose and that the Federal
(Print Student's Name)

student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

[input box] for 2023-2024.
(Name of Postsecondary Educational Institution)

[input box] (Date)

[input box] (Date)

Notary Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) *(Notary's name)*

personally appeared, _____, and proved to me
(Printed name of signer)

on the basis of satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)

By signing this form each party will certify that all information provided on this form is complete and correct, to the best of your knowledge. If you purposely give false or misleading information on this worksheet, you may be required to repay any funds received incorrectly.

Please note that the Statement of Educational Purpose must have "wet" signatures. This means that this form CANNOT be faxed or scanned to us. Please mail this completed form to St. Thomas University at 16401 N.W. 37th Ave. Miami Gardens, Florida 33054, Attn: Office of Financial Aid, or submitted in person to St. Thomas University Financial Aid Office, Mimi Dooner Hall, Room 107. If you have any questions please call (305)474-6960. Thank you for your assistance with the verification process.