

Financial Aid Office 711 E Boldt Way Appleton, WI 54911 Phone: (920) 832-6583 | Fax: (920) 832-6582 financial.aid@lawrence.edu

# 2024-2025 VERIFICATION OF IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE FORM

#### STUDENT NAME

LAWRENCE ID OR D.O.B.

**Instructions**: You have two options to complete this form and to verify your identity and statement of educational purpose. Choose **ONE** of the following:

**Option 1:** If you are able to appear in person at Lawrence University Financial Aid office. **Option 2**: If you are unable to appear in person at Lawrence University Financial Aid office.

### Option 1: Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at **Lawrence University of Wisconsin** to verify his or her 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. 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.

### **Statement of Educational Purpose**

I certify that I	am the individual signing
(PRINT STUDEN)	T'S NAME)
this Statement of Educational Purpose and th	at the Federal student financial assistance
I may receive will only be used for education	al purposes and to pay the cost of attending
Lawrence University of Wisconsin for 202	24–2025.
-	
(Student's Signature)	(Date)
(Student's ID Number)	
Leave and the investigation of the state of the interview.	
Lawrence University financial aid official:	
Signature of the LLL financial aid official:	Data
Signature of the LU financial aid official:	Date:





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## **Option 2: Identity and Statement of Educational Purpose** (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at **Lawrence University of Wisconsin** to verify his or her identity, the student must provide 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 of Educational Purpose		
I certify that I	am the individual signing	
	or educational purposes and to pay the cost of attending	
(Student's Signature)	(Date)	
(Student's ID Number)		
Notary Ce	ertificate of Acknowledgement	
	City/County of	
On, before me, (Date)	(Notary's name)	
personally appeared(Printed na	, and proved to me on the basis ame of signer)	
of satisfactory evidence of identification	(Type of unexpired government-issued photo ID provided)	
to be the above-named person who sign	ed the foregoing instrument.	
WITNESS my hand and official seal _		
(seal)	(Notary signature)	
My commission expires on(Date)	 )	