2022-2023 Statement of Educational Purpose/Verification of Identity Form

The purpose of this form is to verify your identify and for you to provide a signed statement of educational purpose. Please complete this document in person at the Financial Aid Office. If you are unable to provide this information in person, you must provide the following to the Financial Aid Office by US Mail ONLY. For questions, call 717-691-6007.

- A copy of an unexpired valid government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID (not by a state college or university), or passport; **AND**
- This original notarized statement of educational purpose form signed by the student.

Student Information

_____ _____ _____ _____
Last Name *First Name* *M.I.* *Student ID #*

_____ _____ _____
Date of Birth *Phone Number* *Student's Email*

Statement of Education Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and
(*Print Student's Name)*
that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Messiah University for 2022-2023.

_____ _____
Student's Signature (if notarized, sign in presence of notary public) *Date*

If Submitting in Person (to be completed by Financial Aid staff)

_____ _____ _____
ID Type (present original document in person--need a copy for our records) *ID Number* *Expiration Date*

_____ _____ _____ _____
Financial Aid Staff Name *Financial Aid Staff Signature* *Title* *Date*

If Submitting by Mail -- Notary's Certificate of Acknowledgement

State of _____ City/County of _____

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

_____, and proved to me on the basis of satisfactory evidence of identification
(Printed name of signer)

_____ to be the above-named person who signed the foregoing instrument.
(Type of unexpired government-issued photo ID provided)

WITNESS my hand and official seal _____
(seal) *(Notary Signature)*

My commission expires on _____.
(Date)

One University Avenue | Suite 3006 | Mechanicsburg, PA 17055 | 717-691-6007 | Fax: 717-691-2349