A different school of thought.®
KAPLAN UNIVERSITY

ONLINE
Tel: 866.527.5268 (Toll Free)
AUGUSTA
Tel: 207.213.2500
CEDAR FALLS
Tel: 319.277.0220
CEDAR RAPIDS
Tel: 319.363.0481
DAVENPORT
Tel: 563.355.3500
DES MOINES
Tel: 515.727.2100
HAGERSTOWN
Tel: 301.766.3600
INDIANAPOLIS
Tel: 877.320.5430
LEWISTON
Tel: 207.333.3300
LINCOLN
Tel: 402.474.5315
MASON CITY
Tel: 641.423.2530
MILWAUKEE
Tel: 414.223.2105
OMAHA
Tel: 402.431.6100
ROCKVILLE
Tel: 301.258.3800
SOUTH PORTLAND
Tel: 207.774.6126
ST. LOUIS
Tel: 314.205.7900

2016–2017 Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at **Kaplan University** to verify his or her identity by presenting an
(Name of Postsecondary Educational Institution)
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 this Statement of Educational Purpose
(Print Student's Name)
and that the federal student assistance I may receive will only be used for educational purposes and to pay the cost of attending **Kaplan University** for 2016-2017.
(Name of Postsecondary Educational Institution)

_____ _____ _____
(Student's Signature) (Date) (Student's ID Number)

Witness:

_____ _____ _____ _____
(Institutional Official's Signature) (Date) (Print Institutional Official's Name) (Print Institutional Official's Title)