



ONLINE
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Tel: 207.213.2500
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Tel: 319.277.0220
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DAVENPORT
Tel: 563.355.3500
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Tel: 301.258.3800
SOUTH PORTLAND
Tel: 207.774.6126
ST. LOUIS
Tel: 314.205.7900

2014–2015 Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at _____ to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the following:

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
 _____ for 2014-2015.
(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)