



FINANCIAL AID OFFICE
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

**2015–2016 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 Kaplan University to verify his or her identity, the student must provide:
 (Name of Postsecondary Educational Institution)

- (a) A copy of the 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, which is provided below, 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 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 2015-2016.
 (Name of Postsecondary Educational Institution)

 (Student’s Signature)

 (Date)

 (Student’s ID Number)

FOR KAPLAN UNIVERSITY ONLINE STUDENTS

You **must** return the original signed and notarized form to:
Kaplan University Financial Aid Office
 550 West Van Buren, 7th Floor
 Chicago, IL 60607

Notary’s Certificate of Acknowledgement

State of _____ City/County of _____ on _____,
 (Date)

before me, _____, personally appeared, _____,
 (Notary’s Name) (Printed Name of Signer)

and provided to me on basis of satisfactory evidence of identification _____ to be the
 (Type of Government-Issued Photo ID Provided)

above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
 (Notary Signature)

My commission expires on _____