2018-2019 Identity Verification & Statement of Educational Purpose

Name: _______________________________ UM ID#: 790

E-Mail: _______________________________ Phone#

The U. S. Department of Education has selected your application for a process known as “verification”. As a result, we are required to verify your identity. If unable to appear in person at The University of Montana’s Financial Aid Office, you must verify your identity by appearing in person and presenting a federally approved form of photo identification (examples are listed below) to a Notary Public. Attach a copy of the form of photo identification and submitted to the Financial Aid Office.

- A valid government issued photo identification, such as but not limited to a driver’s license, other state-issued ID, or passport.

Note: Only an original notarized statement is considered satisfactory for verifying identity. All faxed, emailed or copied versions of this form will be rejected. Aid cannot be disbursed until the requested documentation is received and reviewed by the Financial Aid Office.

I certify that I ___________________________ am the individual signing this
(Print Student’s Name)
Statement of Educational Purpose and that the federal student financial assistance I
may receive will only be used for educational purposes and to pay the cost of attending
The University of Montana for 2018-2019.

Student Signature: ___________________________ Date: ______________

Notary’s Certificate of Acknowledgement

State of _______________ City/County of ____________________________

On ____________________, before me, ____________________________
(Date) (Notary’s Name)
personally appeared, ____________________________, and provided to me on basis of
(Printed name of signer)
satisfactory evidence of identification, ____________________________
(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

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

My commission expires on __________________
(Date)

(Date)