



2018-2019 STUDENT IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE – ON CAMPUS

Student Name: _____ Student ID or SSN: _____

Identity and Statement of Educational Purpose

(To be signed at the institution/in the presence of a UW Colleges Student Affairs Official)

The student must appear in person at the local University of Wisconsin Colleges campus where she/he is enrolled or at the UW Colleges Central Administrative Offices in Madison to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport.

See the back side of this document if the student is unable to appear in front of a UW Colleges Official.

Attach a copy of the student's unexpired valid government-issued photo ID to this document. The institution will maintain the copy of the student's photo ID that is annotated with:

- 1. the date it was received and reviewed, and
2. the name of the UW Colleges Official authorized to receive and review 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 (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 _____ for 2018-2019.

(Name of UW Colleges Campus)

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

(Student's Signature) (handwritten, not typed)

(Date)

(Student's ID Number)

(Print Name of UW Colleges Witness)

(Signature of UW Colleges Witness) (handwritten, not typed)

If completing this side, complete the form at your UW Colleges Campus Student Affairs Office in the presence of a Student Affairs Official.

Then submit form to: UW Colleges Student Financial Aid Office
780 Regent St, Suite 130
Madison, WI 53715-2635
or Fax (608) 265-9750



2018-2019 STUDENT IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE- NOTARY

Student Name: _____ Student ID or SSN: _____

Student: complete only one side of this document. This side of the form must be completed only if you are unable to appear in person on campus; if so, it must be notarized. Otherwise, complete the opposite side of this form on campus with a UW Colleges Student Affairs Official.

Identity and Statement of Educational Purpose (To be signed with/in the presence of a Notary)

If the student is unable to appear in person at the local University of Wisconsin Colleges campus where she/he is enrolled or at the UW Colleges Central Administrative Offices in Madison to verify his or her identity, the student must provide:

- a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport - Attach a copy of the ID that was verified by the Notary to this document; and
b) The original notarized Statement of Educational Purpose provided below:

Statement of Educational Purpose (completed by the student in the presence of a Notary)

I certify that I _____ am the individual signing this 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 _____ for 2018-2019. (Name of UW Colleges Campus)

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

(Student's Signature) (handwritten, not typed) (Date) (Student's ID Number)

Notary's Certificate of Acknowledgement (to be completed by Notary)

State of _____ City/County of _____ On _____, before me, _____, personally appeared, _____, and provided to me on basis of satisfactory evidence of identification _____ to be the above-named person who signed the foregoing instrument. (Date) (Notary's Name) (Printed name of Signer) (Type of unexpired government-issued photo ID provided)

WITNESS my hand and official seal (Seal) (Notary's Signature) (handwritten, not typed)

My commission expires on _____ (Date)

IF COMPLETING THIS SIDE, SUBMIT FORM TO: UW Colleges Student Financial Aid Office 780 Regent St, Suite 130 Madison, WI 53715-2635 or Fax (608) 265-9750