

Office of Financial Aid 500 Salisbury Street Worcester, MA 01609 Email: fa@assumption.edu

Phone: (508) 767-7158 Fax: (508) 519-1286

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

The student must appear in person at Assumption University Office of Financial Aid 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. 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.

Statement of Educational Purpose

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

I certify that I	am the individual signing this
(Print Student's Nar	
•	nat the Federal student financial assistance
I may receive will only be used for educational purposes and to pay the cost of attend Assumption University for 2024-2025.	
(Student's Signature*)	(Date)
(Student's ID Number)	



Office of Financial Aid 500 Salisbury Street Worcester, MA 01609 Email: fa@assumption.edu

Phone: (508) 767-7158 Fax: (508) 519-1286

Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at the Assumption University Office of Financial Aid to verify his or her identity, the student must provide:

- (1) 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; and
- (2) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I	am the individual signing this
(Print S	tudent's Name)
	pose and that the Federal student financial assistance d for educational purposes and to pay the cost of attending 24-2025.
(Student's Signature*)	(Date)
(Student's ID Number)	
Notary	s Certificate of Acknowledgement
State of	
City/County of	
On, before	e me,
(Date)	(Notary's name)
personally appeared,	, and provided to me
(Printe	d name of signer)
on basis of satisfactory evidence of i	dentification
•	(Type of government-issued photo ID provided)
to be the above-named person who	,
WITNESS my hand and official sea (seal)	al
, ,	(Notary's Signature*)
	My commission expires on
	(Date)

^{*}We are not able to accept electronic signatures.