



**Financial Aid and Scholarship services**  
**Identity Verification and Statement of Educational Purpose**

Academic year

**2023–2024**

**Student information**

Please type or print clearly using only blue or black ink.

Last name	First name	Middle initial	10-digit ASU ID	
Local street address	City	State	Zip code	Daytime phone number

This form will not be processed if any items are left blank or illegible.  
 If clarification of your situation is necessary, additional information or documentation may be required.

**Purpose**

To confirm your identity and certify that the federal student aid you receive will be used only for educational purposes.

**Instructions for in-person submission**

1. Visit any ASU Financial Aid and Scholarship Services location with your unexpired valid government-issued photo ID (examples listed below).
2. Complete this form in the presence of ASU Financial Aid and Scholarship Services staff.
3. ASU staff will make a copy of your photo ID and upload it to your financial aid file.

**Instructions for mail submission**

1. Bring this blank form, a copy of an unexpired valid government-issued photo ID (examples listed below) and your original photo ID to a notary.
2. Complete this form in the presence of the notary.
3. The notary will complete Section C.
4. Mail this form **AND** a copy of your photo ID to ASU Financial Aid and Scholarship Services, PO Box 870412, Tempe, AZ 85287-0412.

**Section A: Valid government-issued photo ID**

Examples of an acceptable unexpired valid government-issued photo ID include but is not limited to:
<ul style="list-style-type: none"> <li>• Driver's license.</li> <li>• Other state-issued identification card.</li> <li>• Passport.</li> </ul>
If submitting this form by mail, you must attach a copy of your unexpired valid government-issued photo ID to this form.

**Section B: Statement of educational purpose**

Only complete this section in the presence of a notary or ASU Financial Aid and Scholarship Services staff. If any portion of this section is left blank, it will be considered incomplete.			
I certify that I _____ (print your full name) 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 <b>Arizona State University</b> for 2023–2024			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Signature</td> <td style="width: 20%; border-bottom: 1px solid black;">Date</td> <td style="width: 30%; border-bottom: 1px solid black;">Student ID Number</td> </tr> </table>	Signature	Date	Student ID Number
Signature	Date	Student ID Number	

**For FASS Office use only**

Received by (print name):	FASS staff signature:	Date form was received:
---------------------------	-----------------------	-------------------------

Last Name	First Name	Middle initial	10-Digit ASU ID
-----------	------------	----------------	-----------------

### Section C: Notary's certification of knowledge

State of \_\_\_\_\_

City/County of \_\_\_\_\_

on \_\_\_\_\_ before me, \_\_\_\_\_,

(Date) (Notary's Name)

personally appeared, \_\_\_\_\_, and proved to me

(Printed name of signer)

on the basis of satisfactory evidence of identification \_\_\_\_\_

(Type of unexpired 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)

**Note:** If the notary statement appears on a separate page from the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized and includes the type of ID used to verify your identity.

If you need assistance to complete this form, please contact our office at 855-278-5080 or [students.asu.edu/contact/financialaid](http://students.asu.edu/contact/financialaid).