

You must verify your identity and sign the Statement of Educational Purpose in an official's presence. Bring the required identification along with this unsigned form, to either:

OPTION 1: The Financial Aid Office at UW-Oshkosh, or

OPTION 2: A Commissioned Notary Public (see next page of form).

Student Name: _____ Campus ID: _____

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

The student must appear in person at the **University of Wisconsin - Oshkosh** to verify his or her identity by presenting 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. In addition, the student must sign, in the presence of the institutional official, the following:

Identity and Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational
(Print Student's Name)
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 Wisconsin - Oshkosh** for 2023-2024.

(Student's Signature)

Student's ID Number

Date

QUESTIONS:

Contact the Financial Aid Office at 920-424-3377

Student must appear in person at:

UW Oshkosh, Financial Aid Office

800 Algoma, Dempsey 104 Oshkosh, WI 54901

FINANCIAL AID OFFICE USE ONLY

ID Presented in Person on: _____

Staff member: _____

OPTION 2

If you are unable to appear in person at the University of Wisconsin – Oshkosh to verify your identity, you must provide:

(a) A copy of the 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**

(b) The **original** notarized Statement of Educational Purpose provided below.

Student Name: _____ Campus ID: _____

Statement of Educational Purpose

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 the University of Wisconsin – Oshkosh for 2023-2024.

(Print Student's Name)

Student Signature (to be signed in presence of notary) Campus ID Number Date

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____, personally
(Date) (Notary's name)

appeared, _____, and proved to me on the basis of satisfactory
(Printed name of signer)

evidence of identification _____ to be the above-named person who
(Type of government-issued photo ID provided)
signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)