



# Identity and Statement of Educational Purpose

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

## **This form MUST be signed in person before a notary public.**

If the student is unable to appear in person at Excelsior College to verify his or her identity, the student must provide:

1. A copy of an unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, including an ID such as, but not limited to, a driver's license, other state-issued ID, or passport (federal guidelines do not permit the use of military IDs); and
2. The original Statement of Education Purpose provided below, which must be notarized.

## **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 2021-2022.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student's Signature) (Date) (Student's ID Number)

## **Notary's Certificate of Acknowledgement**

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

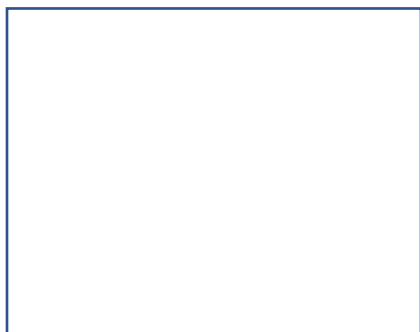
On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's Name)

personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

satisfactory evidence of identification, \_\_\_\_\_  
(Type of Government-issued photo ID provided)

of the above- named person who signed the foregoing instrument.

WITNESS my hand and official seal



\_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_  
(Date)

If you are unable to appear in person at Excelsior College, please mail the original copy of your signed, notarized Statement of Educational Purpose and a copy of an unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement above to:

Excelsior College  
Office of Financial Aid  
7 Columbia Circle  
Albany, New York 12203-5159.

**For Financial Aid Staff Use Only**

On \_\_\_\_\_, I, \_\_\_\_\_ received and reviewed this  
(Date) (Print Name)

this original, notarized form, which contained the original signatures of both the student and the public notary's original seal.

\_\_\_\_\_  
(Signature)

FOR OFFICE USE ONLY
_____ Official
_____ Unofficial