Purpose

Your 2014-2015 Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called verification. As part of the verification process, the Financial Aid Office at Fitchburg State University has been asked to verify your identity and request that you sign a Statement of Educational Purpose (below). Please follow the instructions below carefully. If you would prefer to complete this form at the Fitchburg State University Financial Aid Office, please contact us at (978) 665-3156 to schedule an appointment.

Instructions

1. Follow the instructions in section A. You must complete this section in the presence of a notary.
2. The student should sign and date in section B.
3. Return this document along with a copy of the government-issued photo identification (ID) that was used to complete this form to the Fitchburg State University Financial Aid Office.

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

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

1. 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
2. The original notarized Statement of Educational Purpose (in English or Spanish) provided below.

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 Fitchburg State University for 2014–2015.

Student’s Signature: __________________________________________ Date: __________________________

Student’s ID #: ________________________________________________

Declaración de propósito educativo

Certifico que yo, ____________________________________________________________, soy el individuo que firma esta Declaración de Finalidad Educativa y que la ayuda financiera federal estudiantil que yo pudea recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Fitchburg State University para 2014–2015.

Firma del Estudiante: ___________________________________________ la Fecha: __________________________

Número de Identificación del Estudiante: ________________________________

—OVER for Section B—
Notary's Certificate of Acknowledgement

State of: ___________________________________________  City/County of: ___________________________________________

On____________________, before me, ___________________________________________,

(Date) (Notary’s Name)

personally appeared, ___________________________________________,

(Printed name of signer)

of identification __________________________________________ to be the above-named person who signed the foregoing instrument.

(Type of government-issued photo ID provided)

Witness my hand and official seal: __________________________________________

(Notary Signature)

(Seal) My commission expires on: ________________________

(Date)

B. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both

Print Student’s Name: __________________________________________  Student’s ID: ______________________

Student’s Signature (Required): __________________________________________  Date: ______________________

Spouse’s Signature (Optional): __________________________________________  Date: ______________________

C. Financial Aid Verification (For institutional officer to complete)

Date documents were received/reviewed: __________________________

Verified valid government-issued ID: Y N

Verified Statement of Educational Purpose: Y N

Print Inst. Officer’s Name: __________________________________________

Inst. Officer’s Signature: __________________________________________