



Student

Legal Name: _____ (:8D #: _____)

INSTRUCTIONS:

Either:

The student must appear in person at Marquette Central, Zilber 121, 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. (DWVW will maintain a copy of the student's photo ID that is annotated by (DWVW8LUVLW with the date it was received and reviewed and the name of the official at (DWVW 8LUVLW authorized to receive and review the student's ID.
- The student must sign, in the presence of a (DWVW8LUVLW official, the English **Statement of Educational Purpose** below.

Or:

If the student is unable to appear in person at (DWVW to verify his or her identity, the student must mail the following (upload, fax and email copies will not be accepted) to (DWVWYULW at the address above:

1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; AND
2. The original notarized English **Statement of Education Purpose** provided below signed in the presence of a Notary.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this **Statement of Educational Purpose**
(Print Student's Name)

and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Marquette University for 2022-2023

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

Notary's Certificate of Acknowledgement (only needed if not able to appear in person at (DWVW8LUVLW)

State of _____ City/County of _____

On _____, before me, _____
(date) (Notary's Name)

Personally appeared, _____, and provided to me
(Printed name of signer)

on 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 _____
(Notary's Signature) (Seal)

My commission expires on _____
(Date)

FOR OFFICE USE ONLY:

In Person: Attach photocopy of ID after verifying identity.
Document Used: _____
Date Received: _____
Authorized Name: _____

Via Notary: SDS original Notary Seal Viewed.
Initials: _____
(Per Federal Regulations cannot accept fax, email, or upload copies.)