



**2024-2025 Identity and Statement of Educational Purpose**

**Financial Aid Department**  
Phone: 360.650.3470  
Email: financialaid@wwu.edu  
Website: financialaid.wwu.edu  
Address: 516 High Street, Old Main 265, Bellingham, WA 98225

\_\_\_\_\_  
Student Name

W \_\_\_\_\_  
Student I.D. Number

**This form must be signed in person at the Financial Aid Department at Western Washington University.**

**If you are unable to complete this form in person at Western Washington University, you may complete it in the presence of a Notary using the instructions on page 2 of this form.**

The student must appear in person at Western Washington University to verify their 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. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_ (student's printed 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 Western Washington University for 2024-2025.

\_\_\_\_\_  
Student Signature (original handwritten signature required)

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	Operations:	[STAEDP _____]
Financial Aid Staff Printed Name:	_____	ID Attached: _____
Financial Aid Staff Signature:	_____	Date Received: _____
1. Verification completed in person, no issues found:	_____	
2. Verification completed using notary, no issues found:	_____	
3. Verification attempted, issues found with identity:	_____	(keep copy of document)

Student Name

W

Student I.D. Number

If you are unable to appear in person at Western Washington University to verify your identity, you must submit the following via U.S. mail (notarized forms cannot be submitted via document upload, email, or fax):

1. A copy of your 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 Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purposes, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I, \_\_\_\_\_ (student's printed 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 Western Washington University for 2023-2024.

Student Signature (Original handwritten signature required)

Date

Notary's Certificate of Acknowledgement

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

On \_\_\_\_\_ (date), \_\_\_\_\_ (printed name of form signer) personally appeared before me, \_\_\_\_\_ (notary printed name), and proved to me 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: \_\_\_\_\_

Notary Public residing at: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

OFFICE USE ONLY

This form was received by mail (initials): \_\_\_\_\_