



**ACADEMIC HEADQUARTERS**  
550 West Van Buren Street  
Chicago, IL 60607

**ONLINE**  
Tel: 866-527-5268 (Toll Free)  
**AUGUSTA**  
Tel: 207-213-2500  
**CEDAR FALLS**  
Tel: 319-277-0220  
**CEDAR RAPIDS**  
Tel: 319-363-0481

**DAVENPORT**  
Tel: 563-355-3500  
**DES MOINES**  
Tel: 515-727-2100  
**HAGERSTOWN**  
Tel: 301-766-3600  
**INDIANAPOLIS**  
Tel: 877-320-5430

**LEWISTON**  
Tel: 207-333-3300  
**LINCOLN**  
Tel: 402-474-5315  
**MASON CITY**  
Tel: 641-423-2530  
**MILWAUKEE**  
Tel: 414-223-2105

**OMAHA**  
Tel: 402-431-6100  
**ROCKVILLE**  
Tel: 301-258-3800  
**ST. LOUIS**  
Tel: 314-205-7900

**2018–2019 Identity and Statement of Educational Purpose (To Be Signed With Notary)**

If the student is unable to appear in person at (Enter Name of Postsecondary Educational Institution) Purdue University Global to verify his or her identity, the student must provide:

- a. 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
- b. 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 Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that, I (Print Student’s 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 (Enter Name of Postsecondary Educational Institution) Purdue University Global for 2018-2019.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

Purdue University Global **online students must** return the original signed and notarized form to:

**Purdue University Global**  
**Financial Aid Office**  
**550 West Van Buren, 7th Floor**  
**Chicago, IL 60607**

**Verification of Government Issued ID**

Select which form of identification will be used for verification.

**Driver’s License**     **Non-Driving State ID**     **Military ID**     **Passport**

**Note:** If other, contact the Office of Financial Aid to verify its acceptability.

State of \_\_\_\_\_ City/County of \_\_\_\_\_ ON (Enter Date) \_\_\_\_\_

before me, (Notary’s Name) \_\_\_\_\_, personally appeared, (Printed Name of Signer) \_\_\_\_\_, and provided to me on basis of satisfactory evidence of identification to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_  
(Notary Signature)

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