



ACADEMIC HEADQUARTERS
550 West Van Buren Street
Chicago, IL 60607

ONLINE
Tel: 844-787-3834 (Toll Free)
AUGUSTA
Tel: 207-213-2500
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
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) _____