



Student

Legal Name: _____ (_____) MUID #: _____
Last First M.I. Maiden Name

Instructions:

Either:

- The student must appear in person at Marquette Central to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Marquette University will maintain a copy of the student's photo ID that is annotated by Marquette University with the date it was received and reviewed and the name of the official at Marquette University authorized to collect the student's ID.

In addition, the student must sign, in the presence of Marquette University's official, the following English **Statement of Educational Purpose** below.

Or:

- If the student is unable to appear in person at Marquette Central 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 English **Statement of Education Purpose** below.

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 2014-2015.

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

Notary's Certificate of Acknowledgement

(only needed if not able to appear in person at Marquette Central)

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 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)

My commission expires on _____

(Date)

FOR OFFICE USE ONLY: Attach photocopy of ID after verifying identity

Document Used: _____ Date Received: _____ Authorized Name: _____