



## University of Wisconsin-Eau Claire

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105 Garfield Avenue • P.O. Box 4004 • Eau Claire, WI 54702-4004

Dear Student:

We have received your financial aid application (FAFSA). Your application was selected for verification by the Federal Department of Education. Verification requires that our office collect proof of your identity by your providing a valid government-issued photo ID and a statement regarding your educational purpose.

Please complete and return to the Financial Aid Office a **notarized** original copy of this 2014-15 Statement of Educational Purpose, along with a photocopy of a valid government-issued photo ID such as a driver's license, nondriver's license, military ID, passport, etc. Most universities, banks or post offices have a notary public on staff that can notarize this statement for you.

If you do not wish to send a copy of your ID, or do not have access to a notary, please bring this information into the Financial Aid Office for review in person.

Feel free to contact us at (715) 836-3373 or email us at [finaid@uwec.edu](mailto:finaid@uwec.edu) if you have any questions.



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## Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

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 the University of Wisconsin-Eau Claire for 2014-2015.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID Number)

**WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.**

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## Notary's Certificate of Acknowledgement

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

\_\_\_\_\_  
City/County of

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and proved  
(Printed name of signer)

to me 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)