

2024-2025 Identity and Statement of Educational Purpose Verification

In Person on Campus- Identity and Statement of Educational Purpose

The student must appear in person at Gustavus Adolphus College 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.

The student must sign this Statement of Educational Purpose in the presence of the institutional official.

Statement of Educational Purpose

I certify that I

_____am the individual signing this Statement of

Student's ID Number

(Print Student's Name)

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 Gustavus Adolphus College for 2024-2025.

Student's Signature

Financial Aid Office Signature

Date

Date



Off Campus - Identity and Statement of Educational Purpose

(Signed in the Presence of a Notary only if unable to sign in person at the institution)

If the student is unable to appear in person at Gustavus Adolphus College to verify their identity, the student must provide to the institution:

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.

Statement of Educational Purpose

I certify that I		am the individual signing this Statement of		
(Prin	t Student's Name)			
-	the Federal student financial ass ay the cost of attending Gustavu			
Student's Signature		Date	Student's ID Number	
	Notary's Certificate of Ackn	owledgement		
State of	City/County of	Or	۱,	
			(Date)	
before me,	personally appeared, _		,	
(Notary's Name)		(Printed name of signer)		
and proved to me on the basis	of satisfactory evidence of ident	ification		
	•		ssued photo ID provided)	
to be the above-named person	who signed the foregoing instru	ment.		
WITNESS my hand and offici	al seal			
	(Notary Signati	ure) (D	ate Commission Expires)	
(Seal)				

Return completed form and supporting documentation to: Gustavus Adolphus College, Attn: Financial Aid Office, 800 West College Avenue, Saint Peter, MN 56082 Original Notarized Document (no copies) AND a copy of the unexpired valid government-issued photo identification (ID) MUST be mailed to the address above or dropped off in person at the Financial Aid Office.