**2015-2016 DOCUMENTATION OF IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE**

<table>
<thead>
<tr>
<th>The University of Kansas</th>
<th>KU Visitor Center</th>
<th>Phone: (785) 864-4700</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Aid &amp; Scholarships</td>
<td>1502 Iowa St.,</td>
<td>Fax: (785) 864-5469</td>
</tr>
<tr>
<td><a href="http://www.affordability.ku.edu">www.affordability.ku.edu</a></td>
<td>Lawrence, KS 66045</td>
<td>Email: <a href="mailto:financialaid@ku.edu">financialaid@ku.edu</a></td>
</tr>
</tbody>
</table>

First Name | Last Name | MI | KUID Number
---|---|---|---

Phone | Email Address
---|---

Your application has been selected for further review in order to confirm your identity and your statement of educational purpose. Per federal regulation, you are required to appear in person at KU Financial Aid & Scholarships (FAS) and present the following:

- A valid, government-issued photo identification (driver’s license, non-driver’s license, other state-issued ID, or passport); and
- A signed statement of educational purpose (see below)

Note: KU FAS will maintain a copy of your photo ID that is annotated with the date it was received and the name of the KU FAS official authorized to collect your ID

If unable to appear in person, you must provide KU FAS with the following:

- A copy of a valid government-issued photo identification (driver’s license, non-driver’s license, other state-issued ID, or passport); and
- An original notarized statement of educational purpose, signed by you (see below)

### STATEMENT OF EDUCATIONAL PURPOSE

I certify that ___________________________________ am the individual signing this Statement of Educational Purpose

(Print Student Name)

and that federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the University of Kansas for 2015-16.

______________________________
Student Signature

______________________________
Date

For FAS Office Use Only

______________________________
Date Received

______________________________
FAS Staff Signature

---

Notary’s Certificate of Acknowledgement

State of __________________________ City/County of __________________________

On __________________________, before me, __________________________,

(Date)

personally appeared, __________________________, and provided to me

(Notary’s name)

(Printed name of signer)

on basis of satisfactory evidence of identification __________________________

(Type of government-issued photo ID provided)

WITNESS my hand and official seal

(seal)

(Notary signature)

My commission expires on __________________________

(Date)