

## 2024 - 2025 Identity and Statement of Educational Purpose

Name:

W&M Student ID #:

The student must appear in person at <u>William & Mary</u> to verify his or her identity by presenting an <u>unexpired valid government-issued</u> photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. William & Mary will maintain a copy of your photo ID that is annotated by William & Marywith 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. In addition, you must sign, in the presence of the institutional official (or Notary if unable to appear in person), the Statement of Educational Purpose provided below.

St	atement of Education Purpose
Must be completed by the stu	dent in the presence of a W&M Financial Ald Official or with a Notary
I certify that I(Printed name of studen	am the individual signing this Statement of Educational
Purpose and that the Federal student finan	cial assistance I may receive will only be used for educational purposes and to
pay the cost of attending	for 2024 - 2025.

(Name of Postsecondary Educational Institution)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number:\_\_\_\_\_

## Notary's Certificate of Acknowledgement

Must be completed by a Notary

If the student is unable to appear in person at **William & Mary** to verify his or her 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 provide above, which must be completed in the presence of the notary and notarized below. If notary provides a separate page, it must be clear that the Statement of Educational Purpose was the documetion notarized

State of	City/County of	
On, befo	re me,	
(Date)	(Notary's name)	
personally appeared,		, and provided to
	(Printed name of signer)	
me on basis of satis	factory evidence of identification	
	(Type of government-issue	ed photo provided) to be the above-named
person who signed the foregoing in	istrument.	
WITNESS my hand and official sec	ıl:	
		(Notary signature)
My commission expires on		
		(Date)
The document must be mailed or con	npleted in person (we cannot accept faxed, en	nailed or uploaded copies).

If mailed, legible copies of ALL Documents shown to Notary must be provided, if not the form will not be accepted.

USPS Address: W&M Financial Aid, P.O. Box 8795, Williamsburg VA 23187-9795.

If you need assistance or clarification regarding this form contact our office at 757-221-2420 or finaid@wm.edu.