Financial Aid Office
505 Amherst Street Nashua, NH 03063
♦Office hours M-Th:8:00am-6:00pm and Fri: 8:00am-4:30pm ♦
Tel: (603) 578-8903 Fax: (603) 883-1636

2013-2014 VERIFICATION OF IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

(To be signed at the Institution)

Student Name (print)_____ Student ID#/SSN_____

The student must appear in person at _____ to
(Name of Postsecondary Educational Institution)
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. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

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
_____ for 2013-2014.
(Name of Postsecondary Educational Institution)

_____ _____
(Student's Signature) (Date)

_____
(Student's ID Number)

FOR OFFICE USE ONLY
Date Received:_____
Received by:_____