

UMA Student Financial Services 46 University Drive Augusta, ME 04330-9410 (207) 621-3455 or 1-877-862-1234 Fax: (207) 621-3384 or TTY: 1-800-316-3600 umafa@maine.edu

2019-2020 IDENTITY AND STATEMENT OF EDUCATION PURPOSE FORM (To Be Signed at the University of Maine at Augusta)

This form must be signed in person at the University of Maine at Augusta Office of Student Financial Services. If you are unable to appear in person, you must instead complete the back page of this form in the presence of a notary.

Student's Name:	Student ID #:
verify his or her identity by presenting valid governilimited to, a driver's license, other state-issued ID, o	of Maine at Augusta Office of Student Financial Services to ment-issued photo identification (ID), such as, but not or passport. The institution will maintain a copy of the was received and the name of the official at the institution
In addition, the student must sign, in the presence of Educational Purpose.	the institutional official, the following Statement of
STATEMENT OF	EDUCATION PURPOSE
I certify that I a (Print Student's Name) Purpose and that the federal student financial assista purposes and to pay the cost of attending the University	
Student's Signature:	Date:
Office Use Only Date: Supervisor/FAA Name:	
Attach to this form a copy of the student's government issued identification. It identification must be presented in person and you may photocopy. You make also sign and date the copy.	



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2019-2020 IDENTITY AND STATEMENT OF EDUCATION PURPOSE FORM (To Be Signed with a Notary)

Student's Name:	Student ID #:
If the student is unable to appear in person at the Services to verify his or her identity, the student	University of Maine at Augusta Office of Student Financial must provide:
	identification (ID) that is acknowledged in the notary driver's license, other state-issued ID, or passport; and
(b) The original notarized Statement of Education	nal Purpose provided below.
STATEMENT C	OF EDUCATION PURPOSE
I certify that I(Print Student's Name)	_ am the individual signing this Statement of Educational
· · · · · · · · · · · · · · · · · · ·	istance I may receive will only be used for educational versity of Maine at Augusta for 2019-2020.
Student's Signature:	Date:
State of City/County of	
On before me.	
(Date)	(Notary's name)
	, and provided to me on ted name of signer)
basis of satisfactory evidence of identification	to be the
above-named person who signed the foregoing in	(Type of government-issued photo ID provided) astrument.
WITNESS my hand and official seal (seal)	
	(Notary signature)
	My commission expires on
	(Date)