

UMA Student Financial Aid 46 University Drive Augusta, ME 04330-9410 (207) 621-3412 or 1-877-862-1234 Fax: (207) 621-3384 or TTY: 1-800-316-3600 umafa@maine.edu

2020-2021 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 #:
The student must appear in person at the University of Maverify his or her identity by presenting valid government-limited to, a driver's license, other state-issued ID, or pass student's photo ID that is annotated with the date it was reauthorized to collect the student's ID.	issued photo identification (ID), such as, but not sport. The institution will maintain a copy of the
In addition, the student must sign, in the presence of the in Educational Purpose.	nstitutional official, the following Statement of
STATEMENT OF EDU	CATION PURPOSE
I certify that I am the (Print Student's Name) Purpose and that the federal student financial assistance I purposes and to pay the cost of attending the University o	may receive will only be used for educational f Maine at Augusta for 2019-2020.
Student's Signature:	Date:
Office Use Only Date: Supervisor/FAA Name: Attach to this form a copy of the student's government issued identification. The identification must be presented in person and you may photocopy. You must also sign and date the copy.	



UMA Student Financial Aid 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

2020-2021 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 Aid to verify his or her identity, the student r		ce of Student Financial
(a) A copy of the valid government-issued postatement below, such as but not limited		
(b) The original notarized Statement of Educ	ational Purpose provided below.	
STATEMEN	T OF EDUCATION PURPOSE	
I certify that I(Print Student's Name)	am the individual signing this Stat	ement of Educational
Purpose and that the federal student financial purposes and to pay the cost of attending the	l assistance I may receive will only be use	ed for educational
Student's Signature:	Date:	
State ofCity/County of		
On, before me	e,	
On, before me	(Notary's name)	
personally appeared,	(Printed name of signer)	, and provided to me on
basis of satisfactory evidence of identification		
above-named person who signed the foregoing	(Type of government-issued photo ID prong instrument.	ovided)
WITNESS my hand and official seal (seal)		
	(Notary signatur	e)
	My commission expires on	
		(Date)