

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

2018-2019 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 governme limited to, a driver's license, other state-issued ID, or p	
In addition, the student must sign, in the presence of the Educational Purpose.	ne institutional official, the following Statement of
STATEMENT OF E	DUCATION PURPOSE
I certify that I am (Print Student's Name) Purpose and that the federal student financial assistanc purposes and to pay the cost of attending the University	e I may receive will only be used for educational
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.	



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Student's Name:	Student ID #:	
If the student is unable to appear in person at th Services to verify his or her identity, the studen		ce of Student Financial
(a) A copy of the valid government-issued phot statement below, such as but not limited to,	. ,	~
(b) The original notarized Statement of Education	onal Purpose provided below.	
STATEMENT	OF EDUCATION PURPOSE	
I certify that I(Print Student's Name)	am the individual signing this State	ement of Educational
Purpose and that the federal student financial as purposes and to pay the cost of attending the Un	ssistance I may receive will only be use	ed for educational
Student's Signature:	Date:	
State of City/County of		
On, before me, _	(Notary's name)	
personally appeared,(Pri	nted name of signer)	, and provided to me on
basis of satisfactory evidence of identification _	(Type of government-issued photo ID pro	
above-named person who signed the foregoing		,
WITNESS my hand and official seal (seal)		
	(Notary signature)	
	My commission expires on	(Data)
		(Date)