



# Verification Form Identity & Statement of Educational Purpose 2023-24

Your 2023-24 FAFSA was selected for verification of Identity and Educational Purpose. To fulfill this requirement, you must complete the front and back of the form in person at the Financial Aid Office. A valid government issued form of identification will be required.

If you are unable to complete this form in person, please provide the following to the Financial Aid Office:

- Copy of a government-issued photo identification, such as driver’s license, passport, or military ID
- This original form completed in the presence of a notary public (see reverse side)

## **STUDENT INFORMATION**

Last name	First Name	RMU ID
Address (include apt. no.)		Date of Birth
City	State	ZIP Code
		Phone Number

### **Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this 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 Robert Morris University for 2023-24.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ RMU ID# \_\_\_\_\_

**Notary Certificate of Acknowledgment**

This section MUST be completed if you are unable to sign the Statement of Educational Purpose in front of an RMU Financial Aid staff member.

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_,

before me, \_\_\_\_\_, personally appeared  
Name of Notary Public

\_\_\_\_\_, and provided to me on the basis of satisfactory evidence of  
Printed Name of Signer  
identification \_\_\_\_\_ to be the above-named persona who signed the  
Type of ID Provided  
foregoing instrument.

Witness my hand and official seal  
(seal)

\_\_\_\_\_  
**Signature of Notary Public**

Commission expires on \_\_\_\_\_

**CERTIFICATION**

By signing below, I certify that all of the information reported to qualify for Federal student aid is complete and accurate.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Do Not Write Below This Line**

**FOR OFFICE USE ONLY**

If student appeared in person, to be completed by a member of the Financial Aid staff:

\_\_\_\_\_  
**FINANCIAL AID STAFF:**

\_\_\_\_\_  
**SIGNATURE:**

\_\_\_\_\_  
**DATE STUDENT APPEARED IN PERSON:**