

My commission expires on

(Date)

## OFFICE OF FINANCIAL AID

2024-2025

## **IDENTITY/NOTARY STATEMENT**

Student's Name		Student's ID Number
called verification. In this process, Point	Park University is re o appear in person a	s selected by the U.S. Department of Education for a review in a process equired to obtain verification of your Identity and a signed Statement of at Point Park University to verify your identity, please complete this form f identity to Point Park University
		nent of Educational Purpose the Presence of a Notary)
IF THE STUDENT IS UNABLE TO APPEAR IN PROVIDE TO THE INSTITUTION:	PERSON AT POINT	PARK UNIVERSTIY TO VERIFY HIS OR HER IDENTITY, THE STUDENT MUST
that is presented to a notary, such as, b) The original Statement of Educationa	but not limited to, a l Purpose provided	identification (ID) that is acknowledged in the notary statement below, or a driver's license, other state-issued ID, or passport; and below, which must be notarized. If the notary statement appears on a , there must be a clear indication that the Statement of Education Purpose
	Statement of	Educational Purpose
Statement of Educational Purpose ar and to pay the cost of attending	d that the Federal stud	am the individual signing this  dent financial assistance I may receive will only be used for educational purposes  for 2024-2025
(Name of Postsecondary Educational	Institution)	
(Student's Signature)	(Date)	(Student's ID Number)
No	tary's Certific	ate of Acknowledgement
State of		
City/County of		s Name)
On, before	me,	,
(Date)	(Notary's	s Name)
personally appeared,(Printed nam		, and
proved to me on basis of satisfactory		e of unexpired government-issued photo ID provided)
to be the above-named person who s	\ 71	1 0 1 /
WITNESS my hand and official sea (seal)	ı	
()		(Notary signature)

Please return this original completed form and copy of government issued photo identification to:
Point Park University, Office of Financial Aid, 201 Wood Street, Pittsburgh, Pa 15222
\*\*The Office of Financial Aid is not permitted to accept this document via FAX or EMAIL\*\*