AUGSBURG UNIVERSITY 2023-2024 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Last Name:	First Name:
Last 4 Digits of SSN:	Augsburg ID:
Phone #:	

Identity and Statement of Educational Purpose (To be signed at the institution)

The student must appear *in person* at **Augsburg University** to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

I certify that I	tudent's Printed Name)
am the individual signing this Statement of Ed	ucational Purpose and that the federal student financial educational purposes and to pay the cost of attending
Student Signature:	Date:
Authorized Signature:	Date:

AUGSBURG UNIVERSITY 2023-2024 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Last Name:	First Name:
Last 4 Digits of SSN:	Augsburg ID:
Phone #:	_
-	Statement of Educational Purpose o Be Signed with Notary)
(a) A copy of the valid government-issue	gsburg University to verify his or her identity, the student must provided photo identification (ID) that is acknowledged in the notary statemeriver's license, other state-issued ID, or passport; and Education Purpose provided below.
Staten	nent of Educational Purpose
I certify that I	
am the individual signing this Statement of Educ	(Student's Printed Name) cational Purpose and that the federal student financial assistance I m as and to pay the cost of attending Augsburg University for 2023-2024
Student Signature:	Date:
Notary's C	ertificate of Acknowledgement
State of	City/County of
On, before me,	
(Date)	(Notary's Name)
personally appeared,	, and provided to me on bas
(Printed I	Name of Signer)
of satisfactory evidence of identification	
	(Type of government-issued photo ID provided)
to be the above-named person who signed the fo	pregoing instrument.
WITNESS my hand and official seal	
	(Notary Signature)
	My commission expires on
(seal)	(Date)
Augsburg University – 2 Phone: 6	inancial Services – Campus Box 309 2211 Riverside Avenue – Minneapolis, MN 55454 512-330-1046 – Fax: 612-330-1308 dentFinances@augsburg.edu