## AUGSBURG UNIVERSITY 2025-2026 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	
am the individual signing this Statement of Edu	udent's Printed Name) ucational Purpose and that the Federal student financial ducational purposes and to pay the cost of attending
Student Signature:	Date:
Authorized Signature:	Date:

## AUGSBURG UNIVERSITY 2025-2026 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Last Name:	First Name:	
Last 4 Digits of SSN:	Augsburg ID:	
Phone #:	-	
	tatement of Educational Purpose Be Signed with Notary)	
(a) A copy of the valid government-issued	sburg University to verify his or her identity, the student must provi I photo identification (ID) that is acknowledged in the notary statem ver's license, other state-issued ID, or passport; and ducation Purpose provided below.	
Stateme	ent of Educational Purpose	
I certify that I	tudent's Printed Name)	_
am the individual signing this Statement of Educa	tudent's Printed Name) tional Purpose and that the Federal student financial assistance I r and to pay the cost of attending <b>Augsburg University</b> for 2025-202	-
Student Signature:	Date:	
Notary's Ce	rtificate of Acknowledgement	
State of	_ City/County of	
On, before me,	(Notary's Name)	,
(Date)	(Notary's Name)	
personally appeared,	, and provided to me on ba	sis
(Printed Na	ame of Signer)	
of satisfactory evidence of identification	(Type of government-issued photo ID provided)	
to be the above-named person who signed the for		
WITNESS my hand and official seal	(Notary Signature)	
(seal)	My commission expires on(Date)	
Augsburg University – 22 Phone: 61	aancial Services – Campus Box 309 211 Riverside Avenue – Minneapolis, MN 55454 .2-330-1046 – Fax: 612-330-1308 entFinances@augsburg.edu	