



**2024-25 Identity Verification and Statement of Educational Purpose**

**Return To:** The Office of Financial Aid  
Kretzmann Hall, 1700 Chapel Drive, Valparaiso, IN 46383  
Fax: 219.464.5012 Email: Finaid@valpo.edu

**Student Name:** \_\_\_\_\_

**Valpo ID #:** \_\_\_\_\_

**Completing this form in-person:** The student must appear in person at Valparaiso University Office of Financial Aid to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Student’s Name)

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 Valparaiso University for 2024-2025.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

**Completing this form in the presence of a Notary:** If you are unable to appear in person, complete the back side of this form and have it signed by a Notary. Please note: EMAILED NOTARIZED DOCUMENTS ARE NOT ALLOWED. DOCUMENT MUST BE EITHER HAND-DELIVERED OR MAILED.

**Financial Aid Office use only:** Date received: \_\_\_\_\_

Form mailed in: Y/N \_\_\_\_\_

Form hand-delivered: Y/N \_\_\_\_\_

I have reviewed the valid government-issued photo identification for the student listed above and a copy is attached to this form.

Name and signature of Official who reviewed identification and form: \_\_\_\_\_

**Identity and Statement of Educational Purpose  
(To Be Signed With Notary)**

If the student is unable to appear in person at Valparaiso University to verify his or her identity, the student must provide:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Education  
(Print Student's Name)

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 Valparaiso University for 2024-2025.

\_\_\_\_\_  
(Student's Signature) (Date)

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**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

on \_\_\_\_\_, before me, \_\_\_\_\_,

(Date)

(Notary's name)

personally appeared, \_\_\_\_\_, and proved to me

(Printed name of signer)

because of satisfactory evidence of identification \_\_\_\_\_

(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

(seal)

\_\_\_\_\_

(Notary signature)

My commission expires on \_\_\_\_\_

(Date)