

Financial Aid Office 577 Western Avenue Westfield, MA 01086

Tel: 413.579.3080 - Fax: 413.579.3019 financialaid@westfield.ma.edu

2023-2024 STATEMENT OF IDENTITY AND EDUCATIONAL PURPOSE

The student **must appear in person** at Westfield State University to verify his/her identity by presenting unexpired <u>valid government-issued photo identification (ID)</u>, 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:

Statement of Identity and Educational Purpose			
I certify that Iam the individual signing this (Print Student's Name) Statement of Identity and 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 Westfield State University for 2023-2024.			
Student's Signature	Student's ID Number	Date	
Financial Aid Official Signature	3	Date	
If the student is <i>unable to app</i> student must submit:	pear in person at Westfield State Univer	sity to verify his or her identity the	
notary statement belo passport; and	ed valid government issued identification w, such as but not limited to a driver's lice. Statement of Identity and Educational P	cense, other state-issued ID, or	
Notary's Certificate of Acknowledgement			
· ·			
	, before me,		
(Date)	, ,	's name)	
personally appeared,		, and provided to me	
(Printed name of signer) on basis of satisfactory evidence of identification			
on basis of satisfactory evider			
to be the above-named person	() ype of government n who signed the foregoing instrument.	:-issued photo ID provided)	
WITNESS my hand and official	seal		
(seal)	<u>- </u>	(Notary signature)	

My commission expires on_____