

**MCDANIEL**  
**COLLEGE**  
**FINANCIAL AID OFFICE**

**Statement of Educational Purpose and Certification of Identity**

Student ID#\*

Student Name (Last Name, First Name)

\*for new students, the Student ID# can be found on the Financial Aid Award Letter

The student must appear in person at McDaniel College 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 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 following:

**Statement of Educational Purpose**

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

that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending McDaniel College for the Fall \_\_\_\_\_ and Spring \_\_\_\_\_ academic year.  
Year (yyyy) Year (yyyy)

Student Signature (HANDWRITTEN, not typed)

Date

If the student is unable to appear in person at McDaniel College to verify his or her identity, the student must provide to the institution:

- 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
- The **original** statement of educational purpose provided above, 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.

**Notary Certificate of Acknowledgement (only required if NOT appearing in person)**

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

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

On (Date) \_\_\_\_\_, before me (Notary's Name) \_\_\_\_\_,

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

Printed Name of Signer

on basis of satisfactory evidence of identification \_\_\_\_\_ to be the

(Type of government-issued photo ID provided)

above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

Notary Signature

My Commission expires on

Date

Date Received

Staff Member

*This form contains personally identifiable information.*  
Financial Aid Office | 2 College Hill Westminster, MD 21157  
410.857.2233 (Voice) | 410.386.4608 (fax)