

Identity/Statement of Educational Purpose Form

Student Financial Services 30 Lovett Avenue, Newark Delaware 19716-6390

Instructions:

If you the student are unable to appear in person or via zoom to the SFS office to verify your identity, you must provide:

a. Government-Issued Photo Identification-A copy of an unexpired, valid government-issued photo ID that was

are not acceptable due to r b. Statement of Educational	estrictions on photocopying.	nent of E	ducational Purp	oose must be completed and notarized
Last Name	First Name	M.I.	Student Ident	ification Number
			@u	del.edu
Cell Phone	Email Address			
Statement of Educational Purpose				
I certify that I,	(Print Student's Name) am the individual signing this			
Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending the University of Delaware for the year 2025-2026.				
Student Signature:	Date:			
Notary's Certificate of Acknowledgement				
State of:				
County of:				
On Date:				
Before me (Notary's Name):				
personally appeared (Printed name of Signer):				
and provided to me on the basis 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				
Notary's Signature:				
Seal:				
My Commission Expires on: _				