

Office of Financial Aid

315 Turnpike Street North Andover, MA 01845

Phone: 978-837-5186

Fax: 978-837-5067

e-mail: financialaid@merrimack.edu

www.merrimack.edu/aid

2016-2017 Statement of Identity and Educational Purpose

The student <u>must appear in person</u> at Merrimack College to complete Sections 1 and 2, and to verify his/her identity by presenting a valid government-issued photo identification (ID), such as 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.

SECTION 1: STUDENT INFORMATION		
Name	Student ID#:	Date of Birth:
Address:		
Phone Number:	E-mail:	
SECTION 2: STA	TEMENT OF EDUCATIONA	AL PURPOSE
I certify that I,	, am the individual signing this Statement of Educational Purpose and	
that the federal student financial assistance I may receive Merrimack College 2016-2017.	will only be used for educ	cational purposes and to pay the cost of attending
Student Signature	Date	Student ID Number
SECTION 3: DOCUMENTATION PR	RESENTED (TO BE COMPL	ETED BY MERRIMACK COLLEGE)
The documentation presented to verify the student's iden	tity is	
Date documentation received	Documentation received in person? ☐ Yes ☐ No If No, statement of purpose must be notarized, Section 4.	
I verify that I am an institutionally authorized individual,	and have seen the docum	entation stated above.
Signature	Title	Date
SECTION 4: NOTARY'S CER	TIFICATE OF ACKNOWLED	DGEMENT, IF REQUIRED
State of	City/County of	
On, before me, _		
Date	Notary's Name	
personally appeared,	, and provided to me on basis of satisfactory evident of identification	
Printed Name of signer	to be the chove now	ned person who signed the foregoing instrument.
Type of government-issued photo ID provided	to be the above-half	ica person who signed the foregoing institution.