

2025-2026 Statement of Educational Purpose/Verification of Identity Form

The purpose of this form is to verify your identify and for you to provide a signed statement of educational purpose. Please complete this document **in person** at the Financial Aid Office. If you are unable to provide this information in person, you must provide the following to the Financial Aid Office **by US Mail ONLY**. For questions, call 717-691-6007.

- A copy of an unexpired, valid government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID (not by a state college or university), or passport; **AND**
- This original notarized statement of educational purpose form signed by the student.

Student Informati	<u>on</u>				
Last Name		First Name	M.I.	Student ID #	
Date of Birth	Phone Number	Student's Er	mail		
Statement of Edu	cation Purpose				
I certify that I	am the individual sign (<i>Print Student's Name</i>)		signing this Statemen	t of Educational Purpose and	
,	,	may receive will only be	e used for educational	purposes and to pay the cos	
	Jniversity for 2025-2026.	,			
Student's Signature (if no	otarized, sign in presence o	f notary public)	Date		
If Submitting in P	erson (to be complete	ed by Financial Aid sta	aff)		
ID Type (present original	document in personneed	a copy for our records)	ID Number	Expiration Date	
Financial Aid Staff N	lame Financial	Aid Staff Signature	Title	Date	
If Submitting by M	<u>//ail</u> Notary's Certific	cate of Acknowledgem	ent		
State of		City/County of			
On	, before me,			, personally appeared	
(Date)		(Notary's name)			
		, and proved based	on satisfactory eviden	ce of identification by a valid	
(Printed n	ame of signer)				
(Type of unexpired government-issued photo		to ID provided)	ID Number	Expiration Date	
to be the above-name	d person who signed the	foregoing instrument.			
WITNESS my hand (seal)					
()			(Notary Signature)		
		My comn	nission expires on		
				(Date)	