

2022-2023 Identity and Statement of Educational Purpose

A. Student's Information	on				
Student's Last Name	First Name	M.I.	Student's Identification (ID) Number		
Student's Street Address (include apt. no.)			Student's Date of Birth		
City, State, Zip Code			Student's Email Address		
Student's Home Phone # (inc	clude area code)	Student's Alternate or Cell Phone #			
B. Identity and State n	nent of Education I	Purpose (To	Be Signed at the Institution)		
identity by presenting a	valid:		rsity New York to verify his or her (ID) such as, but not limited to;		
 a driver's license other state-issued ID or passport. 			RETAIN COPY		
	100	-	oto ID that is annotated with the date it ion authorized to collect the student's		
In addition, the stud	ent must sign, in the p	presence of th	e institutional official, the following:		
	Statement of	Educationa	l Purpose		
I certify that I	Print Student's Na	ame	am the individual signing this		
I may receive will	•	cational purpos	student financial assistance ses and to pay the cost of attending		
Student's Signature			(Date)		
Financial Aid Office	er		Date received		



Student's Name	Student's SSN
Stadelle S I (dille	Statent 5 bb11

Identity and Statement of Educational Purpose (To Be Signed with Notary)

If the student is unable to appear in person at **Dominican University New York** to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educa	ntional Purpose	
I certify that I Print Student's Name	am the indiv	vidual signing this
Print Student's Name		
Statement of Educational Purpose and that the fe may receive will only be used for educational pu Dominican University New York for 2022-202	rposes and to pay the co	
Student's Signature	Date	
Student's ID number		
Notary's Certificate of	Acknowledgement	
State of		
City/Country of		
On, before me,		
(Date)	(Notary's name)	
personally appeared,		, and provide to me
(Printed name o	f signer)	
on basis of satisfactory evidence of identification	Type of government-issued J	photo ID provided)
o be the above – named person who signed the foregoi	ng instrument.	
WITNESS my hand and official seal (Seal)		
(Scar)	(Notary Signature)	
My commission expires on(Date)		