

## Kean University Office of Financial Aid 1000 Morris Avenue Union, NJ 07083 908-737-3190

## 2022-2023 Identity and Statement of Educational Purpose

The student must appear in person at Kean University 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. Kean will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, 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 official, the Statement of Educational Purpose provided below. Please note that if you do not complete and submit this form to the Office of Financial Aid, you are responsible to pay your tuition, fees, and other charges since your financial aid cannot be disbursed as a result of incomplete verification.

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

- (a) 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
- (b) The *original* Statement of Educational Purpose provided below, 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.

## **Statement of Educational Purpose**

I certify that I		am the individual signing this Statement of		
(Print Stude	ent's Name)			
Purpose and that the Federal pay the cost of attending Kea			y be used for educational pur	poses and to
(Student's Signature)		(Date)	(Student's ID Numb	per)
**********	*******	********	********	*****
If signed at the Institution			_	
(Kean Financia		d Officer Signature)	(Date)	
If signed in the presence of a	ı Notary			
State of	, City/Cour	nty of		
State ofOn	, before me,		, personal	lly appeared,
(Date)		(Notary's Name)		
	, and prov	red to me because of satisfact	ory evidence of identification	1,
(Printed name of signer)				
		to be the above-named perso	on who signed the foregoing is	nstrument.
(Type of unexpired government	t-issued ID provided)			
WITNESS b d d	°° - : - 1 1			
WITNESS my hand and of	Ticiai seai	OI 4	G. A.	
(seal)		(Nota	ry Signature)	
My commission expires on _				
	(date)		und 2/28/22 FG	C22ISEP