

Student Information:

FINANCIAL AID SERVICES

Sandel Hall 115 | 700 University Avenue, Monroe, LA 71209 Phone: (318) 342-5320

Email: finaid@ulm.edu | URL: http://finaid.ulm.edu

2025-2026 IDENTITY VERIFICATION & STATEMENT OF EDUCATIONAL PURPOSE

Last Name:	First Name:		CWID:	
Email:@warhawk	ss.ulm.edu DOB:	<u>Pho</u>	one #: ()
The Department of Education has selected you for verification of your Identity and to collect your Statement of Educational Purpose. As a part of the verification process, you must sign this form in the presence of an appointed official in the ULM Financial Aid Office or in the presence of a notary. Be sure to provide a valid, unexpired government-issued photo identification (ID), such as a driver's license, other state-issued ID, or passport. This is needed even if notary is used. NOTE: Complete and/or submit this original signed document to the ULM Financial Aid Office at the address above.				
Faxed or emailed copies <u>cannot</u> be accepted.				
STATEMENT OF EDUCATIONAL PURP	OSE			
I certify that I,		am the indivi	dual signing t	his Statement of
Student's First Educational Purpose and that the Fed	st and Last Name (Printed)			
purposes and to pay the cost of atten	ding the University of L	ouisiana Monroe for 2025	5-2026.	
Student Signature (no e-signatures)			Date	
ID Type: ☐ Driver's license ☐ State ID ☐ Passp	ort Other:	FA Initials:	Date	e ID rec'd:
NOTARY'S CERTIFICATE OF ACKNOW Aid Office in person.	LEDGEMENT – Only com	plete this section if you are (unable to appe	ar at the ULM Financial
State of	City/County of		. On	. before
State		City/County	То	oday's Date
me,	, personally appeared, and			
Notary's Name		Printed	Name of Signer	
provided to me on basis of satisfactory ev	vidence of identification _			
		Type of governmer	าt-issued photo ID p	provided
to be the above-named person who signe	ed the foregoing instrume	nt. WITNESS my hand and o	fficial seal.	
		•		
(seal)				
(333.)	Signature of Notary			
	My commission expires on:			
		Date		