



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>

2026-2027 IDENTITY VERIFICATION & STATEMENT OF EDUCATIONAL PURPOSE

Student Information:

Last Name: _____ First Name: _____ CWID: _____

Email: _____@warhawks.ulm.edu DOB: _____ Phone #: (____) _____

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 cannot be accepted.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I, _____ am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the University of Louisiana Monroe for 2026-2027.

Student Signature (no e-signatures) _____

Date _____

ID Type: Driver’s license State ID Passport Other: _____ FA Initials: _____ Date ID rec’d: _____

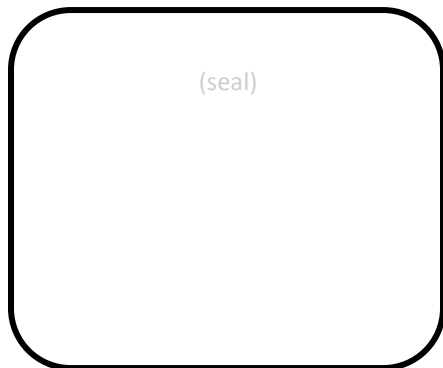
NOTARY’S CERTIFICATE OF ACKNOWLEDGEMENT – Only complete this section if you are unable to appear at the ULM Financial Aid Office in person.

State of _____ City/County of _____. On _____, before

me, _____, personally appeared _____, and

provided to me on basis of satisfactory evidence of identification _____

to be the above-named person who signed the foregoing instrument. **WITNESS my hand and official seal.**



Signature of Notary _____

My commission expires on: _____