

## 2024-2025 Identity/Statement of Educational Purpose

(To Be Signed in the Presence of a Notary)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

If the student is unable to appear at the University of Colorado Anschutz Medical Campus to verify the student's 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 U.S. passport; and
- b) The original Statement of Educational Purpose, which is provided below and 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, \_\_\_\_\_ (Print Student's Name), 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 Colorado Anschutz Medical Campus for 2024-2025.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

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### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_  
City/County of \_\_\_\_\_  
On \_\_\_\_\_ (Date), before me, \_\_\_\_\_ (Notary's name)  
personally appeared, \_\_\_\_\_ (Printed name of signer), and  
proved to me on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo ID provided) to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

NOTARY SEAL

Notary Signature: \_\_\_\_\_

HERE

My commission expires on \_\_\_\_\_ (Date)

**THIS FORM MUST BE SUBMITTED BY MAIL or DELIVER TO OUR OFFICE IN PERSON.**

**\*\*FAXED & EMAILED COPIES CANNOT BE ACCEPTED\*\***

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