2020-2021 Verification Worksheet

Identity & Educational Purpose Statement



THIS FORM MUST BE COMPLETED IN PERSON AT WARNER PACIFIC UNIVERSITY OR NOTORIZED. IF YOU ARE UNABLE TO APPEAR IN PERSON AT WARNER PACIFIC UNIVERSITY, PLEASE REFER TO THE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION ABOUT SUBMITTING A NOTARIZED COPY.

BRING THIS FORM WITH YOU TO THE WARNER PACIFIC UNIVERSITY OFFICE OF STUDENT FINANCIAL SERVICES.

STEP 1 - STU	DENT INFORMATION			PLEASE PRINT LEGIBLY	
Last Name	First Name	M.I.	WPU ID Number	Date of Birth	
Phone Number (include area code)			Email address (primary contact method)		
STEP 2 - IDEI	NTITY VERIFICATION				
or her identity	by presenting an unexpired valid go driver's license, ther state-issued ID, or assport	overnment-isso 's photo ID tha	ued photo identification (II t is annotated by the unive	ersity with the date it was received and	
See reverse sid	le if student is unable to appear in p	erson at Warn	er Pacific University.		
-	TEMENT OF EDUCATIONAL PU		Financial Services at Warn	er Pacific University.	
Stater	fy that I (Print Student's Name) ment of Educational Purpose and th tional purposes and to pay the cost			ce I may receive will only be used for	
(Stude	ent's Signature)		(Date)	_	
	ent's WPILID or Social Socurity Num				

SEE REVERSE SIDE IF UNABLE TO APPEAR IN PERSON AT WARNER PACIFIC UNIVERSITY

Office Use Only—	- CRI/FA20EDST	Date	2020-2021 Academic Year
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THIS SIDE SHOULD ONLY BE USED BY STUDENTS WHO ARE UNABLE TO APPEAR IN PERSON AT WARNER PACIFIC UNIVERSITY.

Instructions to Notary Public:

If the student is unable to appear in person at Warner Pacific University to verify his or her identity, the student must provide to the university:

- (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 notarized Statement of Educational Purpose provided below.

CTATEMENT OF FRUCATIONAL RURROCF

This statement must be signed in perso	n when appearing in front of the Notary Public.
	am the individual signing this
	Name) pose and that the Federal student financial assistance I may receive will only be used for pay the cost of attending Warner Pacific University for 2020-2021.
(Student's Signature)	(Date)
(Student's WPU ID or Social Se	ecurity Number)
City/County of	
On, before r	me,,
(Date)	(Notary's name)
nersonally anneared	, and provided to me
(Printed name of	
on the basis of satisfactory evidence of	of identification
	(Type of unexpired government-issued photo ID provided)
to be the above-named person who si	igned the foregoing instrument.
WITNESS my hand and official seal (seal)	
	(Notary signature)
	My commission expires on
	(Date)