

**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

## 2023-2024 IDENTITY VERIFICATION & STATEMENT OF EDUCATIONAL PURPOSE

Last Name:	First Name:		CWID:	CWID:	
Email:	@warhawks.ulm.edu	DOB:	Phone #: (	)	
Educational Purpose. official in the ULM Fi	As a part of the verification nancial Aid Office or in the	n process, you m presence of a no	your Identity and to collect you inst sign this form in the presentary. Be sure to provide a valued in this is necession or passport. This is necession in the present in t	ence of an appointed id government-issued	
NOTE: Complete an			to the ULM Financial Aid Offic nnot be accepted.	e at the address above.	
STATEMENT OF EDUC	CATIONAL PURPOSE				
I certify that I,			am the individual signi	ng this Statement of	
			ance I may receive will only be		
purposes and to pay t	the cost of attending the Ur	iversity of Louisi	ana Monroe for 2023-2024.		
Student Signature (no e-si	ignatures)		Date		
	☐ State ID ☐ Passport ☐ Other:		FA Initials:	Date ID rec'd:	
NOTARY'S CERTIFICA Aid Office in person.	TE OF ACKNOWLEDGEMEN	<b>T</b> – Only complete	e this section if you are unable to a	appear at the ULM Financial	
State of	City/Cou	nty of	. On	, before	
S	tate	,	On	Today's Date	
me,		personally appea		, and	
Notary	's Name		Printed Name of Sigr	ner	
provided to me on basis	s of satisfactory evidence of id	entification			
			Type of government-issued pho	to ID provided	
to be the above-named	person who signed the forego	ing instrument. <b>W</b>	/ITNESS my hand and official seal		
(seal)	<del></del>	Chloro			
	Signature o	·			
	My commis	sion expires on:	 Date		
	)				