

# UNIVERSITY OF HARTFORD

## 2018-2019 Statement of Identity and Educational Purpose Worksheet

(In-Person Identification Review)

**Instructions:** Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification.

The student must appear **in person** at the Office of Student Financial Assistance, University of Hartford, to verify his or her identity by presenting unexpired valid government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

### A. Student Information:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### B. Student Statement of Educational Purpose:

Below must be filled out by student **in the presence of institution's official**.

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and  
*Student's Name*  
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 Hartford for 2018-2019.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student's ID#*

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

I certify that I have reviewed the original document and have attached a copy of it for the University's records. I certify that, to the best of my knowledge, it appears to be valid proof of this student's identity. In addition, I have witnessed this student's signature above certifying his/her Statement of Educational Purpose.

\_\_\_\_\_  
*University of Hartford Staff Name*

\_\_\_\_\_  
*Staff Member's Signature*

\_\_\_\_\_  
*Date*