Notarized Identity and Statement of Educational Purpose
2020-2021

Please mail this form to Shawnee State University, Financial Aid Office
940 Second Street, Portsmouth, Ohio 45662.

This form must be completed in the presence of a notary. It cannot be faxed or emailed, as it requires an original signature and notary seal.

If the student is unable to appear in person at Shawnee State University to verify his or her 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 passport; and

(B) The original Statement of Educational Purpose provided below, which 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 __________________________________________ 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 Shawnee State University for 2020–2021.

________________________________________________________

Notary's Signature

Notary's Certificate of Acknowledgment

State of ______________________________ City/County of ______________________________

On ______________________________, before me, ____________________________________________,

Date Notary's Name

personally appeared, ____________________________________________, and provided to me on

_________ ______________________________ Printed Name of Signer

basis of satisfactory evidence of identification __________________________________________,

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal:

________________________________________________________

(Seal)

Notary's Signature

My commission expires on ______________________________. Date

Form # – FA:101216
Revised 11/19