

Identity and Statement of Educational Purpose 2020-21

Complete Section A **OR** B

Student Name (last, first, middle) _____ UMID _____

Email address _____

Section A – To Be Signed at the Institution

The student must appear in person at the University of Michigan Medical School Financial Aid Office to verify his or her identity by presenting an unexpired valid government-issued photo 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.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose below.

Statement of Educational Purpose		
I certify that I _____ (print student’s name) am the individual signing this Statement of Education Purpose and that the Federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending University of Michigan Medical School for 2020-21.		
_____ Student signature	_____ Date	_____ UMID

Section B – To Be Signed in the Presences of a Notary

If the student is unable to appear in person at the University of Michigan Medical School 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.

Statement of Educational Purpose		
I certify that I _____ (print student’s name) am the individual signing this Statement of Education Purpose and that the Federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending University of Michigan Medical School for 2020-21.		
_____ Student signature	_____ Date	_____ UMID

Notary Certification of Acknowledgment

(Notary signature/seal required if student is not providing information in person. Notaries can often be found at local banks, credit unions, insurance agencies or shipping stores. Certification may vary by State)

State of _____ City/County of _____

On _____ (date), before me _____ (Notary's name)

Personally appeared, _____ (printed name of signer)

On the 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 of hand and official seal

Notary signature _____

My commission expires on _____

University of Michigan Medical School
Financial Aid Office
5100 Taubman Health Sciences Library
1135 Catherine Street
Ann Arbor, MI 48109-5726
TEL 734-763-4147

9/5/19