

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

					PII PERSONALLY
Name		ID#		Date of Birth	IDENTIFIABLE INFORMATION
Address	City	State	Zip Code	Phone Number	
	Instructio	ns: Please com	olete Secti	on 1 OR 2.	
by presenting a valid gov	vernment-issued photo WESTERN will mainta	o identification (ID) si in a copy of your pho	uch as, but no to ID that is a	udent Financial Services to ver t limited to a driver's license, oth nnotated by the institution with red to collect your ID.	her state-issued
In addition, the student r	_			ment of Education Purpose prov	vided below.
	Statem	ent of Educational P	<u>urpose</u>		
l certify that I					
		he federal student fin		ce I may receive will only be used FIST UNIVERSITY for 2023-2024	
(Student's Signature)		(ID Numbe	er) (Date)	
(Authorized Southwes	tern Official's Signature	e)		(Date)	
	(Print Student's Name) nal Purpose and that th		individual sigr ncial assistanc	ning this e I may receive will only be used ST UNIVERSITY for 2023-2024.	
		tary's Certificate of A			
State of	<u></u>	•			
	, before me				
(Date)		(Notary's name)			
Personally appearedand proved to me (Printed name of signer)					
On the basis of satisfa	actory evidence of ident				
		(Туре	of government-i	ssued photo ID provided)	
To be the above-nar	med person who signed	I the foregoing instrur	nent.	Notary Stamp or Seal (I	f Applicable)
WITNESS my hand	and official seal				
(Notary signature)					
My commission expi	res on				
		(Date)			
10	0 W. Hillcrest Street • k	eene, TX 76059 • pho	one (817) 202-	6262 ● sfs@swau.edu	