

EDPURP21

2020-2021
IDENTITY & STATEMENT of EDUCATIONAL PURPOSE
(To Be Signed at the Institution)

Student's First Name:	UMMC ID (i.e. 300123456)
Student's Last Name:	UMMC Email:
Student's Middle Initial:	Program/YR:



**This statement must be completed and signed in the presence of either an
 UMMC Financial Aid Administrator or a Notary Public.
 Do NOT complete this form in advance.**



The student must appear in person at The University of Mississippi Medical Center to verify his or her identity by presenting:

(A) unexpired valid government-issued photo identification (ID), 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. The student must sign, in the presence of a UMMC Financial Aid Administrator or Notary, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
 (Print Student's Name)
 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 The
 University of Mississippi Medical Center for 2020-2021.

 (Student's Signature) (Student ID#) (Date)
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.

IF SUBMITTING IN PERSON
 Present this form with original valid government-issued photo ID.
 To be completed by UMMC Financial Aid Administrator:

ID Type:	ID Number:	Exp:
FAA Name:	FAA Title:	

IF SUBMITTING BY MAIL
 Send this form with photocopy of valid government-issued photo ID.
 To be completed by Notary Public: **Notary's Certificate of Acknowledgement**

State of _____ City/County of _____ On / /20 , before me,
 _____ (Notary's Name) personally appeared _____ (student's
 name) and provided to me on 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 my hand and official seal
 (seal) (Notary's signature) _____
 My commission expires on (Date) _____