

2025 - 2026 Proof of Identity, and Statement of Educational Purpose

Student Name:	Student ID:
Proof of Identity	
	nt Financial Services (SFS) staff member – of a valid governmentd to, a driver's license, other state-issued ID, or passport
The following must be included on the photocopy:	
 The date the ID was received and photocopied The name, title and signature of the SFS staff m 	
Statement of Educational Purpose	
Student Section	
In the presence of the SFS staff member, the following	must be completed by the student:
I certify that I	am the individual signing this Statement of Educational nce
I may receive will only be used for educational purposes Louis for the 2025-2026 school year.	s and to pay the cost of attending Washington University in St.
Student's Signature	Date
SFS Staff Member Section	
I attest that the student listed above signed this Statem	nent of Educational Purpose in my presence.
	<u> </u>
SFS Staff Member Signature	Date
SES Staff Member Title	



If the student is unable to appear in person at Washington University in St. Louis to verify his or her identity, the student must provide the institution both of the following items: 1. A legible copy of the unexpired valid government-issued photo identification 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 2. The original Statement of Identity provided below, which must be notarized. If the notary statement appears on a separate page other than the Statement of Identity, there must be a clear indication that the Statement of Identity was the document notarized.

certify that I,	, am the individual signing this Statement
	ncial assistance I may receive will only be used for of attending Washington University in St. Louis for
Student Signature:	Date:
	on this date,, the student listed on the basis of satisfactory evidence of identification strument.
Printed name of signer:	
Type of unexpired government-issued photo I	D provided:
Notary name:	
State of City.	/County of
WITNESS my hand and official seal	
Notary signature:	
Date commission expires:	