

I certify that I

FINANCIAL AID & SCHOLARSHIPS OFFICE

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

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_ am the individual signing this

E-Mail: finaid@umkc.edu

Toll Free: 1-800-775-UMKC

If the student is unable to appear in person at the University of Missouri – Kansas City Financial Aid Office 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.

(To Be Signed in the Presence of a Notary)

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 Missouri -

STATEMENT OF EDUCATIONAL PURPOSE

(Print Student's Name)

(Student's Signature)	(Date)	(Student's ID Number)
ARY'S CERTIFICATE OF	ACKNOWLEDGE	MENT
State of		
City/County of		
On, before me,		
(Date) personally appeared,	(Notary's	Name) and provide
personally appeared,	(Printed Name of Signer)	, and provide
on basis of satisfactory evidence of identifi	cation	
to be the above named person who signed		nent-issued Photo ID Provided)
to be the above-named person who signed		
1 		
	i	(Notary Signature)
WITNESS my hand and official seal	My commission expires	on
(seal)	l l	(Date)

5100 Rockhill Road 101 AC Kansas City, MO 64110-2499 Phone: 816-235-1154

Fax: 816-235-5511