

**INSTRUCTIONS**

Your 2017-18 FAFSA has been selected by the U.S. Department of Education for federal verification. You must therefore complete this form in the presence of a Notary Public. By doing so, you are verifying your identity and educational purpose.

You must mail this completed form along with a copy of the valid government-issued photo ID that is acknowledged below to: **Office of Financial Aid, University of Dayton, 300 College Park, Dayton, OH 45469-1605.** *We are unable to accept either scanned or faxed documentation.* Please contact our office with any questions you may have.

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ UD ID# \_\_\_\_\_  
Last First MI

Permanent Address \_\_\_\_\_  
Street Address City State Zip

SSN (optional) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**STATEMENT OF EDUCATIONAL PURPOSE**

I certify that I, \_\_\_\_\_, am the individual signing this '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 Dayton during the 2017-18 academic year.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)