

Identity and Statement of Educational Purpose

The Office of Student Financial Aid at Roger Williams University has been notified that your FAFSA has been selected for verification. Due to this notification, you are required to appear in person at the Office of Student Financial Aid to verify your identity. You will need to provide a valid government-issued photo identification (ID), such as, a driver's license, other state-issued ID, or passport. In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

certify that I	ify that Iam the individual signing			
Print Student's Name				
this Statement of Educational Purpose and that the Federal student financial				
assistance I may receive will only be used for edu	cational purposes and to pay the			
cost of attending	endingfor 2024-2025. Name of Postsecondary Educational Institution			
Name of Fostsecondary Educational III.	Situation			
Student's Signature	Date			
Charles Well D. Namber				
Student's ID Number				
For office use of	only			
	,			
Name of Financial Aid Representative who verified form & ID	Date			
	t issued ID			
Attached copy of government issued ID				
Signed and dated copy of government issued ID				



Identity and Statement of Educational Purpose

The Office of Student Financial Aid at Roger Williams University has been notified that your FAFSA has been selected for verification. Due to this notification, you are required to appear in person at the Office of Student Financial Aid to verify your identity. If you are not able to appear in person, the student must complete this form, provide a copy of an unexpired valid government-issued photo identification (ID), such as, a driver's license, other state-issued ID, or passport and submit this original notarized Statement of Educational Purpose to the Office of Student Financial Aid.

Statement of Educational Purpose

I certify that I	certify that I am the individual signing			
Print Student's Name				
this Statement of Educational Purpose a assistance I may receive will only be used				
cost of attending	for 2024-2025.			
Name of Postsecondary Ed	ucational Institut	tion		
Student's Signature	 Student	's ID Number	Date	
Notary's Certificate of Acknowledgement				
State of City/County of				
on, before me,	ſ	Notary's Name		
			d proved to me	
because of satisfactory evidence of iden	tification __	Type of unexpired go	overnment issued photo	
to be the above-named person who signed the foregoing instrument.				
WITNESS my hand and official seal				
		Notary's Signatu	re	
	My commis	ssion expires on _	Date	