

## Financial Aid, Student Employment & Military Education Benefits

Mellencamp Hall, Room 162, P.O. Box 469, Milwaukee, WI 53201-0469 Phone: (414) 229-4541 Fax: (414) 229-5699 Email: finaid@uwm.edu

## **2020-21 Notary Statement of Educational Purpose**Identity and Statement of Educational Purpose (To Be Signed with Notary)

STUDENT NAME:	STUE	DENT ID #:
Section B – Statement o	•	
	ar in person at the <b>University of W</b> ent and Military Benefits to verify his	isconsin-Milwaukee Department of s or her identity, the student must
the notary statement below, license, other state-issued II	or that is presented to a notary, such, or passport; and	entification (ID) that is acknowledged in the chas, but not limited to, a driver's t of Educational Purpose provided below.
	Statement of Educational Po	· ·
		•
(Prin	am the ind t Student's Name)	ividual signing this Statement of
•		stance I may receive will only be used for ersity of Wisconsin-Milwaukee for 2020-
Student Signature	e Date	Student ID#
Section C - Notary's Cer	tificate of Acknowledgeme	nt
State of	City/County of	
On, b	efore me,	personally appeared,
(Date)	(Notary's name)	
		to me on basis of satisfactory
(Printed name of signification(Type of	gner) of unexpired government-issued pho	to be the above-named to ID provided)
person who signed the foregoing	instrument.	
WITNESS my hand and officia	al seal	
(seal)		(Notary signature)

(Date)