ALASKA PACIFIC UNIVERSITY

4101 University Drive, Anchorage, AK 99508 Phone (907) 564-8341 Fax (907) 564 8317
financialaid@alaskapacific.edu

# 2024-2025 Identity and Statement of Educational Purpose

**This statement must be completed and signed in the presence of either an Authorized APU Student Financial Aid Administrator or a Notary Public**
**Do not complete the form in advance.**
****The original form must be received by our office within 10 business days. We CANNOT accept faxed copies of this form****

Student Name: _____

SSN/Student Id: _____

The student must appear in person at Alaska Pacific University to verify his or her identity by presenting a valid government-issued photo identification (ID), such as but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

## Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational
(Print Student's Name)
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 Alaska Pacific University for 2024-2025.

_____ _____
**Print Legal Name** **Student ID Number**

_____ _____
**Signature** **Date**

| **IF SUBMITTING IN PERSON**<br>Present this form with original valid government-issued photo ID.<br>To be completed by an APU Authorized FA Administrator | **IF SUBMITTING BY MAIL**<br>Send this form **with photocopy of valid government-issued photo ID.**<br>To be completed by Notary Public: |
|---|---|
| ID Type: | State of: |
| ID Number: Exp: | County of: |
| FFA Name: | This instrument was acknowledged before me on: |
| FFA Title: | By: |
| FFA Signature: Date: | Signed: |
| | (SEAL) |