



Saint Martin's
UNIVERSITY

Return this form to:

Office of Financial Aid

Old Main 250

Email: Finaid@stmartin.edu

Phone: (360) 688-2150

Upload via Secure Dropbox:

Saint Martin's

Student ID #: 000

Example: 000123456



Student Last Name

First Name

M.I.

2024-2025 Identity/Educational Purpose Verification Worksheet (V4 AND/OR V5) – Notarized Form

The student **MUST** work with a Notary Public Official to verify their identity on behalf of Saint Martin's Financial Aid Staff by presenting valid government-issued photo identification (ID) via secure drop box, 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 Notary Public Official who collected the student's ID.

IDENTITY INFORMATION

The valid government issued documentation below was presented in person and reviewed by the notary public official member below. (**NOTE: We cannot accept Military ID.**)

☐ Driver's License ☐ United States Passport ☐ State Identification Card ☐ Other: _____

***A photo-copy of the Identification (front and back) must be uploaded to the secure drop box**

State of _____

County of _____

This instrument was signed or acknowledged before me on _____ by _____.
(Print name of signee(s))

(Seal)

Notary Signature _____

STATEMENT OF EDUCATIONAL PURPOSE

The student must sign, in the presence of the Notary Public Official, the following:

I certify that I (Print Student's Name) _____ 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 Saint Martin's University for 2024-2025.

(Student's Signature)

(Date)

000

(Student's ID Number)

Office of Financial Aid Use Only:

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Global Comments in PFAIDS: _____