## THE UNIVERSITY OF RHODE ISLAND ENROLLMENT

## **IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE** (TO BE SIGNED WITH NOTARY)

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## ACADEMIC YEAR 2024-25

| Your 2024-25 Free Application for Federal Student Aid (FAFSA) was selected for<br>review. The law requires that before finalizing your financial aid application, you<br>must verify your Identity and Educational Purpose. To verify this information, you<br>must complete this form and forward it to the University of Rhode Island. Please<br>complete this form carefully as missing or incomplete information will delay URI from<br>finalizing your financial aid application. <b>You must complete and sign this</b> | Send Completed Form To:<br>University of Rhode Island<br>Enrollment Services Green Hall 6<br>Rhody Ram Way<br>Kingston, RI 02881 USA |
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| worksheet, attach any required documents, and submit all information to the address provided on the right.  | Phone: (401) 874-9500<br>Fax: (401) 874-2002<br>Email: enrollment-group@uri.edu<br>Website: web.uri.edu/enrollment                   |

If the student is unable to appear in person at the University of Rhode Island to verify his or her identity, the student must provide:

- (a) A copy of the valid unexpired government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

## Statement of Educational Purpose I certify that I am the individual signing this (Print Student's Name) 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 Rhode Island for 2024-25. (Student's Signature) (Date) (Student's ID Number) Notary's Certificate of Acknowledgement State of \_\_\_\_\_ City/County of \_\_\_\_\_ \_\_\_\_\_, before me, \_\_\_ (Notary's name) (Date) 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

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On

(Date)

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The University of Rhode Island is an equal opportunity employer committed to the principles of affirmative action