

Financial Aid Office 1200 16th Street Golden CO 80401 303-273-3301 303-384-2252 fax finaid@mines.edu

Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at	
to verify his or her identity, the student must pro-	ame of Postsecondary Educational Institution) vide:
	o identification (ID) that is acknowledged in the notary a driver's license, other state-issued ID, or passport; and
(b) The original notarized Statement of Education	nal Purpose provided below.
Statement	of Educational Purpose
I may receive will only be used for educa	nat the federal student financial assistance tional purposes and to pay the cost of attending
(Student's Signature)	(Date)
(Student's Campus Wide ID#)	ificate of Acknowledgement
State of	•
City/County of	
On, before me,	 '
(Date)	(Notary's name)
personally appeared	, and provided to me
(Printed name of signer) on basis of satisfactory evidence of identification	
to be the above-named person who signed the f	(Type of government-issued photo ID provided) oregoing instrument.
WITNESS my hand and official seal (seal)	
• •	(Notary signature)
My commission expires on	
(Date)	