



My commission expires on \_\_\_\_\_

## 2024-2025

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## Original signatures required This document cannot be faxed or uploaded

Student Name			NMU IN	
	FA Office – Original Sig	nature Verified by on		
		ement of Educational P in the presence of a No	-	
If the student is unable to ap	pear in person at No	ORTHERN MICHIGAN U	NIVERSITY to verify his or	٢
her identity, the student mus			mai msiitution)	
(a) A copy of the unexpired notary statement below, state-issued ID, or passp	or that is presented		(ID) that is acknowledged in not limited to, a driver's lice	
	ppears on a separate		nt of Educational Purpose,	
	Statement	of Educational Purpose	9	
Print St) Educational Purpose	tudent's Name) and that the federal	student financial assista	al signing this Statement once I may receive will only ERN MICHIGAN UNIVERS Postsecondary Educational Insti	be used SITY for
(Student's Signature)	)	(Date)		
(Student ID Number)				
State of		ficate of Acknowledgen	nent	
City/County of				
On	_, before me,	(Notary's name)		
(Date) personally appeared,		(Notary's name), and provided to me		
Printe) on basis of satisfactory evide	ed name of signer)			
to be the above-named pers		(Type of government-iss	sued photo ID provided)	
WITNESS my hand and off	•			
(seal)(Notary signature)			:ure)	

(Date)