

**EVANSTON OFFICE OF GRADUATE FINANCIAL AID  
NORTHWESTERN UNIVERSITY  
REBECCA CROWN CENTER, EAST TOWER, 1<sup>ST</sup> FLOOR  
633 CLARK STREET, SUITE 1603  
EVANSTON, IL 60208  
(847)491-8950**

**2026-2027 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE  
(TO BE SIGNED IN THE PRESENCE OF A NOTARY)**

Your Free Application for Federal Student Aid (FAFSA) application was selected by the U.S. Department of Education for a review process called verification. During this review, Northwestern will compare the information submitted on the FAFSA with the information on this worksheet and any other requested documentation. Federal regulations require that we complete verification before processing federal financial aid.

**A. Student Information:**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)**

The student **must provide by mail to the above address:**

- (a) A **copy of the unexpired valid government-issued photo identification (ID)** that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; **and**
- (b) The **original** Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement  
(Print student's name)  
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 Northwestern University for the 2026-2027 academic year.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Student ID Number)

\_\_\_\_\_  
(Date)

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_ personally appeared,  
(Date) (Notary's name)

\_\_\_\_\_, and proved to me on the basis of satisfactory evidence of identification  
(Printed name of signer)

\_\_\_\_\_, to be the above-named person who signed the foregoing instrument.  
(Type of unexpired government-issued photo ID provided)

**WITNESS my hand and official seal** \_\_\_\_\_  
(seal) (Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

**IMPORTANT: THE ORIGINAL OF THIS COMPLETED FORM MUST BE MAILED (NOT FAXED OR EMAILED) TO THE EVANSTON OFFICE OF GRADUATE FINANCIAL AID AT THE ADDRESS LISTED AT THE TOP OF THIS FORM.**