



1 College Place
Claremont, NH 03743
Phone: 603.542.7744 800.837.0658
Fax: 603.543.1844

Keene Academic Center
438 Washington St., Keene, NH 03431
Phone: 603.357.2142
Fax: 603.357.0408

Lebanon Academic Center
15 Hanover St, Lebanon, NH 03766
Phone: 603.443.4201

Website: www.rivervalley.edu

**2017-2018 VERIFICATION OF
IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE**

(To be signed with Notary)

Student Name (print) _____ **Student ID#/SSN** _____

If the student is unable to appear in person at _____
(Name of Postsecondary Educational Institution)
to verify his or her identity, the student must provide:

- (a) A copy of the valid 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 *Statement of Educational Purpose* and that
(Print Student's Name)
the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of
attending _____ for 2017-2018.
(Name of Postsecondary Educational Institution)

(Student's Signature) (Date)

(Student's ID Number)

Notary's Certificate 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 _____
(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 _____
(Date)

(Seal)

FOR OFFICE USE ONLY
Date Received: _____
Received by: _____