

# University of St. Augustine for Health Sciences

## 2023-2024 Identity and Statement of Educational Purpose - Notarized

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

You are required to verify your identity with the University of St. Augustine. You must provide **BOTH** items listed below to the University of St. Augustine **BY U.S. POSTAL MAIL.**

You must provide the following two items to the Office of Financial Aid:

1. 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:

- Driver's license
- Other state-issued ID
- Passport

*It is against the law to photocopy a military ID. Therefore, a military ID may not be used for this purpose; and*

2. The original, notarized Statement of Educational Purpose which is provided below.

**\*\* Enter your USAHS ID number or Social Security Number for "Student's ID Number" above – Do not leave this blank. \*\***

**PLEASE NOTE:** Per federal regulations, the University of St. Augustine **CANNOT** accept this document through email or fax. You **MUST MAIL** this original document, along with the copy of the photo ID presented to the Notary, directly to the University of St. Augustine at the address listed at the bottom of the form. **The copy of the valid ID must be legible. The University of St. Augustine must be able to clearly see the photo image on the ID.**

You must sign, in the presence of a Notary, the following:

### **STATEMENT OF EDUCATIONAL PURPOSE**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
(Print Student's Name)

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 St. Augustine for Health Sciences for 2023-2024.

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

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

### **Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

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

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's Name)

personally appeared, \_\_\_\_\_, and proved to me on basis of satisfactory  
(Printed Name of Signer)

evidence of identification \_\_\_\_\_ to be the above-named person who signed the foregoing instrument.  
(Type of Government-Issued Photo ID provided)

**WITNESS my hand and official seal**  
(SEAL)

\_\_\_\_\_  
(Notary Signature)

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

**YOU MUST MAIL THIS ORIGINAL DOCUMENT TO THE BELOW ADDRESS – DO NOT FAX**

#### University of St. Augustine for Health Sciences

San Marcos, California Campus Office of Financial Aid 1 University Boulevard St. Augustine, FL 32086	Austin, Texas Campus Office of Financial Aid 1 University Boulevard St. Augustine, FL 32086	Dallas, Texas Campus Office of Financial Aid 1 University Boulevard St. Augustine, FL 32086	St. Augustine, Florida Campus Office of Financial Aid 1 University Boulevard St. Augustine, FL 32086	Miami, Florida Campus Office of Financial Aid 1 University Boulevard St. Augustine, FL 32086
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