



STUDENT INFORMATION

First Name		M.I.		Last Name	
OR		()	-	FC24ISEP
Student ID	Last 4 Digits of SSN			Phone Number	

TO BE SIGNED WITH NOTARY

If the student is unable to appear in person at Indiana Wesleyan University to verify his or her identity, the student must provide to the institution:

(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. Use of an online notary is unacceptable.

Statement of Educational Purpose

I certify that I, Print Student's	, am th Name
individual signing this Statement of Educational Purpose and receive will only be used for educational purposes and to pay for 2024-2025.	
Student's Signature	Date
Notary's Certificate of A	cknowledgement
State of	
City/County of	
On, before me, Date	
Date	Notary's Name
personally appeared, Printed Name of Sigr	, and proved to me
on basis of satisfactory evidence of identification	
Тур	be of Government-issued Photo ID Provided
to be the above-named person who signed the foregoing instru	ument.
WITNESS my hand and official seal	
ocui	Notary Signature
My commission expires on Date	
Date	