

Office of Enrollment Services 125 Michigan Avenue, NE Washington, DC 20017 Ph:202.884.9530 fax: 202.884.9524 E-mail: enrollmentservices@trinitydc.edu

Student's Name: _____

_ Trinity ID or SSN: _____

2023-2024 Identity and Statement of Education Purpose to Be Signed in the Presence of a Notary

(Please note that if you would rather not complete the notary form, you are welcome to come to the Office of Enrollment Services to complete this form in person)

If the student is unable to appear in person at Trinity Washington to verify his or her identity, the student must provide the following:

- (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, ______ (print name), am the individual signing this Statement 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 Trinity Washington University for the 2023-2024 academic year.

(Student's Signature)

(Date)

	Notary	y's Certificate of Acknowledgement
State of		
City/County of		
(Date)		(Notary's name)
personally appeared,		, and proved to me on the basis of
	(Printed name	of signer)
satisfactory evidence of i	dentification	
	(Туре	e of unexpired government-issued photo ID provided)
to be the above-named p	erson who signed	the foregoing instrument.
WITNESS my hand and	official seal	
(Seal)		
		(Notary signature)
		My commission expires on
		(Date)
Last revised 04/06/2023		