

201 S. Grant Ave. Columbus, OH 43215

Student Last Name	Student First Name	Date of Birth (mmddyy)
SECTION B:	Identity and Statement o (To Be Signed in the Pr	•
If the student is unable to app	pear in person atFranklin Univers	
to the institution:	(Name of Postsecondary Ed	ucational institution)
		ation (ID) that is acknowledged in the notary statement below, or that is nse, other state-issued identification, or passport; and
	ement of Educational Purpose, there must b	which must be notarized. If the notary statement appears on a separate e a clear indication that the Statement of Educational Purpose was the
	Statement of Edu	cational Purpose
I certify that I	am the inc	dividual signing this Statement of Educational Purpose and that the
(Name of Postsecondary Educ	ational Institution)	Strate We ID Name to a
(Student's Signature)	(Date)	Student's ID Number)
Section C:	Notary's Certificate	e of Acknowledgement
State of	City/County of	
On hefere me		norconally appeared
On, before me (Date)	,(Notary's name)	, personally appeared,, (Printed name of signer)
and proved to me because of	satisfactory evidence of identification	to be
	` ''	of unexpired government-issued photo ID provided)
the above-named person who	signed the foregoing instrument.	
The document I am notarizin	g is the Statement of Educational Purpose	and Identity
WITNESS my hand a	nd official seal	Place official seal here
William a	iiu Officiai Seai	
<u></u>		
(Notary signature)		
My commission expires	s on	
	(Date)	j
IMPORTANT: No copies, fa	axes, or emails will be accepted.	
Mail: 1 This ORIGIN	AL Notarized Document	
AND	noto ID that was presented above to the No	ntany.
To:	נוומנ was presented above to the NC	уса у
Student F	inancial Services, Franklin University	