



### 2023-2024 STATEMENT OF EDUCATIONAL PURPOSE

#### A. PERSONAL INFORMATION

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Student ID Number
_____			_____
Street Address (include Apt #)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Phone Number

#### B. IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

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

1. A copy of a 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. Please note we cannot accept a military ID.
2. The **original**, notarized Statement of Education Purpose provided below. **Copies of this form cannot be accepted.**

##### Statement of Education Purpose

I certify that I, \_\_\_\_\_, 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 Regent University for 2023-2024.

_____	_____
Student Signature (must be printed and signed)	Date
_____	_____
Financial Aid Administrator's Signature	Date

#### C. NOTARY CERTIFICATE OF ACKNOWLEDGMENT

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

On \_\_\_\_\_, before me, \_\_\_\_\_

DATE NOTARY'S NAME

Personally appeared, \_\_\_\_\_ and provided to me on the basis of satisfactory evidence

PRINTED NAME OF SIGNER

of identification \_\_\_\_\_ to be the above-named person who signed

TYPE OF GOVERNMENT-ISSUED ID PHOTO ID PROVIDED

the foregoing instrument.

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

Notary Signature: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

#### How to Submit this Form

MAIL ORIGINAL COMPLETED FORM TO:  
REGENT UNIVERSITY | STUDENT FINANCIAL AID | 1000 REGENT UNIVERSITY DR. VIRGINIA BEACH, VA 23464  
PHONE: (757) 352-4385 | INQUIRIES: [finaid@regent.edu](mailto:finaid@regent.edu)

