

# 2025-2026 Identity and Statement of Purpose



## A. Student Information

\_\_\_\_\_  
Last Name First Name Date of Birth VCU V#

## B. Identity and Statement of Educational Purpose

Students must provide the following to VCU's Student Financial Management Center:

- (a) A copy of an unexpired valid government-issued photo identification (ID) that is acknowledged in the statement below, such as but not limited to a driver's license, other state-issued ID, or passport (military IDs are not acceptable for this purpose);
- AND**
- (b) The original Statement of Educational Purpose below, completed in person at VCU's Student Financial Management Center or completed in the presence of a Notary to include original Notary's seal.

**Statement of Educational Purpose**  
**(Statement must be completed in the presence of a Notary or in person at VCU's Student Financial Management Center)**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
*(Printed Student's Name)*  
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Virginia Commonwealth University** for 2025-2026.

\_\_\_\_\_  
*(Student's signature)* *(Date)*

**Notary Certificate of Acknowledgement** *(if completed in the presence of a notary)*

State of \_\_\_\_\_ City/County of \_\_\_\_\_  
on \_\_\_\_\_, before me, \_\_\_\_\_,  
*(date)* *(Notary's printed name)*  
personally appeared, \_\_\_\_\_, and proved to me  
*(Printed name of signer)*  
on basis of satisfactory evidence of identification \_\_\_\_\_  
*(Type of original government-issued photo ID provided)*  
to be the above-named person who signed the foregoing instrument.

\_\_\_\_\_  
*(Notary Signature)* *(Date on which my Commission expires)*

**Authorized VCU Official Certificate of Acknowledgement** *(if completed in-person at VCU)*

I, \_\_\_\_\_, confirm that the student appeared before me, provided me their \_\_\_\_\_,  
*(printed name of VCU Official)* *(Type of original government-issued photo ID provided)*  
to photocopy and attach, and completed the above Statement of Educational Purpose in my presence.

\_\_\_\_\_  
*(Signature of VCU Official)* *(Date)*

**Return original document and copy of ID presented to the notary to:**  
**VCU Student Financial Management Center**  
**Harris Hall, 1015 Floyd Ave, Box 843026**  
**Richmond, VA 23284-3026**

*This form can only be accepted in its original state and must be received through mail or dropped off in-person. Copies will not be accepted and this form should not be faxed or emailed.*