



WESTERN MICHIGAN  
UNIVERSITY

STUDENT NAME: \_\_\_\_\_  
WIN: \_\_\_\_\_  
DAYTIME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**WMU Student Financial Aid**  
1903 W Michigan Ave  
Kalamazoo MI 49008-5337  
(269) 387-6000  
finaid-info@wmich.edu

## 2019-20 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

The student must appear in person at Western Michigan University to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

### Statement of Educational Purpose

I certify that I, \_\_\_\_\_, am the individual signing this Statement

Print Student's Name

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 Western Michigan University for 2019-20.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF WMU OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **ID COPIED AND ATTACHED:** \_\_\_\_\_