



2018-2019 Verification-Educational Purpose

Last Name	First Name	M.I.	Phone Number (include area code)
Date of Birth			Social Security Number
	Abi	lity to Ben	efit
must be provided		ocess. For high	ation from home school program or GED school programs still in progress, a final
I have completed	d or will complete by the	end of June, 2	018:
High Sc	hool. Provide name of l	high school:	
Home S	chool Program. Provide	name of pro	gram:
GED/Hig	ghschool Equivalency: S t	tate in which o	completed:
			ree completed, All Official College ded and date official transcript requested:
			nal Purpose
Sign in presence of Notary or Maryville University Designated Authority I certify that I am the individual signing this			
r certify t	(Print Student's Name		
		r educational p	ederal student financial assistance urposes and to pay the cost of attending or
2018-2019	9. (Name of Postsecondary E	Educational Institu	tion)
(Signature Requi	red—In presence of Univers	ity Designated	(Date)

Bring to the Student Service Center along with photo identification or return notarized documents to: Student Service Center, Maryville University, 650 Maryville University Drive, St. Louis, MO 63141 Faxes and e-mail attachments can be accepted if all requirements are met. Documents submitted by email of fax must have original signatures and photo identification must submitted must be visible.

Copy of Government Issued Photo ID State-issued Driver's License, State-issued Non-Driver's License, or Current Passport



The above is a copy of original documentation wh	ich was provided to me.	
Signed by University Designated Authority		Date
Notary's Statement of Only required if student cannot bring the form in person to the	Identification Maryville University Student Service Ce	enter
the Statement of Educational Purpose, and provided to is copied above or is copied on a separate sheet of pa Government Issued ID type:	aper which bears my signature	ment which
Government Issued ID #:		
Notary Signature	– Affix Notai	ry Seal