



Boston University Financial Assistance

2015-2016 Quality Assurance Identity and Statement of Educational Purpose

Your application was randomly selected for data verification as part of the U.S. Department of Education's Institutional Quality Assurance Program. You must complete this worksheet and submit any documentation requested below. **Your compliance with QA program requirements is mandatory** to receive any type of federal, state or institutional aid. Other documents, including 2014 tax returns and W-2 forms, may also be required in order to complete your financial aid application. Please see the Student Link for details.

A. Student Information

_____	_____	_____	_____
Last Name	First Name	MI	Email Address
_____			_____
Address (Include Apartment Number)			Boston University ID Number
_____	_____	_____	_____
City	State	Zip Code	Date of Birth

B. Statement to be Signed with Notary

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

- (a) A copy of the 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; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational purpose
(Print 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 Boston University for 2015-2016.

_____	_____	_____
(Student's Signature)	(Date)	(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____, personally appeared,
(Date) (Notary's Name)

_____, and provided to me on basis of satisfactory evidence of identification
(Printed Name of Signer)

_____ to be the above-named person who signed the foregoing instrument.
(Type of Government-issued Photo ID Provided)

WITNESS my hand and official seal
(seal)

(Notary Signature)

My commission expires on _____
(Date)

Submit the signed, completed worksheet and attached documentation to:

Boston University Financial Assistance
881 Commonwealth Ave
Boston, MA 02215

Alternatively, you can fax them to us at 617-358-2792 or email it them us at finaid@bu.edu. If you choose to fax them, please write your BU ID number at the top of each page you fax. If you choose to email them, please include your name and BU ID number.