

**2020-2021 Identity and Statement of Educational Purpose**  
*(To be signed at Northeastern University)*

1. The student must appear in person at Northeastern University to verify his or her identity by presenting an unexpired, valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Northeastern University will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.
2. In addition, the student must sign, in the presence of the institutional official, the following English or Spanish statement:

**Statement of Educational 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 Northeastern University for 2020-2021.  
(Print Student's Name)

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's NU ID:** \_\_\_\_\_

**Declaración de Propósito Educativo**

Certifico que yo, \_\_\_\_\_, soy el individuo que firma esta Declaración de Propósito Educativo y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a \_\_\_\_\_ para 2020-2021.  
[Imprimir Nombre del Estudiante]

[Imprimir Nombre de Institución Educativa Postsecundaria]

**Firma del Estudiante:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**Número de Identificación del Estudiante:** \_\_\_\_\_

**For Internal Use Only:**

ID Type:  Driver's License  Valid Government Issued ID  Passport  Military ID Exp. Date: \_\_\_\_\_

I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named individual, and that the above-listed document(s) appear to be genuine and to relate to the individual named.

SFS Employee Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

SFS Employee Title: \_\_\_\_\_ SFS Employee Signature: \_\_\_\_\_