170 Main Street Aurora, New York 13026 wells.edu



## **IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE**

COMPLETE SECTION A OR SECTION B AND RETURN BY DROPPING OFF IN PERSON OR MAILING TO THE ABOVE ADDRESS

Student name: Last	First	Wells ID#	E-mail address
SECTION A - IN PERSON AT	WELLS COLLEGE		
photo ID, such as, a driver's license, o	other state-issued ID, or passport	. Wells College will maintain	by presenting an unexpired valid government-issue a copy of the student's photo ID that is annotated al authorized to receive and review the student's ID
<b>Do not sign this section until you</b> Educational Purpose in front of the F			ficer. The student must sign the Statement of
STATEMENT OF EDUCATIONAL PURPOSE		FINANCIAL AID OFFICE USE ONLY	
Print Studer am the individual signing the Stater assistance I may receive will only be College for 2024-2025.			
Student Signature		<del></del>	(Date stamp & reviewed by)
-			·
SECTION B – NOT ABLE TO			JST BE NOTARIZED identity, the student must provide to the institution
other state-issued ID, or pa B. The original Statement of E Do not sign this section until you notary after reviewing the student's	assport; AND aducational Purpose provided belong are in the presence of a notal identity.  STATEMENT	ow, which must be notarized	he Statement of Educational Purpose in front of the
			udent financial assistance I may receive will r 2024-2025.
Student Signature		Date	
can often be found at local banks, cre  State of: On Date personally appeared, Printed on the basis of satisfactory evid	City/County of: Notary's name of signer ence of identification Type of unexp who signed the foregoing instrum	eand proved to me	e (Seal)
<del></del>		sion expires on	
Notary signature		Date	