



7750 Montpelier Road  
Laurel, Maryland 20723  
www.muih.edu  
410-888-9048

**Financial Aid Office  
2020-2021  
Identity and Statement of Educational Purpose**

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this verification worksheet, attach any required documentation, and return the forms to our office. Upon review of the documents, we may request additional information. If you have questions regarding verification, contact us as soon as possible so that your financial aid will not be delayed.

**A. Students information**

Student Name:	MUIH ID/ SSN
Address:	Daytime Phone Number:
City/State/Zip Code	Date of Birth:



7750 Montpelier Road
Laurel, Maryland 20723
www.muoh.edu
410-888-9048

Identity and Statement of Educational Purpose

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

The student must appear in person at Maryland University of Integrative Health 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.

If the student is unable to appear in person at Maryland University of Integrative Health to verify his or her identity, the student must provide to the institution:

- 1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to – Driver’s license – Other state-issued ID – Passport
2. The original Statement of Educational Purpose provided below, which must be notarized.

PLEASE NOTE: Per federal regulations, Maryland University of Integrative Health CANNOT accept this document through email or fax. You MUST MAIL this original document, along with the copy of the photo ID presented to the Notary, directly to Maryland University of Integrative Health at 7750 Montpelier Rd, Laurel, MD 20723, Attention to: Financial Aid Office, Maryland University of Integrative Health.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the
(Print Student’s Name)

Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Maryland University of Integrative Health for 2020-2021.

\_\_\_\_\_  
(Student’s Signature)

\_\_\_\_\_  
(Date)

Notary’s Certificate of Acknowledgement

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_ before me \_\_\_\_\_
(Date) (Notary’s Name)

personally appeared \_\_\_\_\_ and proved to me on basis of satisfactory evidence of
(Printed Name of Signer)

Identification \_\_\_\_\_ 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)