



OUWB Financial Services
E-Mail: medfinservices@oakland.edu
Phone: (248) 370-3611
Fax: (248) 370-4276

**2016-2017 Identity and Statement of Educational Purpose
(To Be Signed at the Institution)**

Instructions: Federal financial aid regulations require you appear in person at OUWB Financial Services to verify your identity by presenting a valid form of government-issued photo identification (ID), such as but not limited to a driver's license, other state-issued ID, or passport. Oakland University will maintain a copy of your photo ID annotated with the date it was received and the name of the official authorized to collect your ID. In addition, you must sign the following statement in the presence of an OUWB Financial Services official.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of
(Print Student's Name)
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 the Oakland University William Beaumont School of Medicine, during the 2016-2017 academic year.

Student Signature

Date

Student's Grizzly (GID) Number

OUWB Staff Initials