



**2025–2026**

**Identity and Statement of Educational Purpose**  
**(To Be Signed at the Institution in Person)**

The student must appear in person at Atlanta's John Marshall School  
(Name of Postsecondary Educational Institution)

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. The institution 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 receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Identity and Statement of Educational Purpose**  
**(To Be Signed in the Presence AJMLS School Official in Office of Financial Aid)**

I appeared in person at Atlanta's John Marshall Law School  
(Name of Postsecondary Educational Institution)

to verify my identity, and provided to the institution:

(a) 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, a driver's license, other state-issued ID, or passport; and

(b) The original Statement of Educational Purpose provided below

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing  
(Print Student's Name)

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

Atlanta's John Marshall Law School  
(Name of Postsecondary Educational Institution)

for the \_\_\_\_\_ - \_\_\_\_\_ (award year)

\_\_\_\_\_  
(Student's Signature) (Date) AJMLS ID No. \_\_\_\_\_

**\*Shaded Section to be completed by Office of Financial Aid Only\***

School Official's Name	Document Type	
	Issuing Authority	
Official's Signature	Document No.	
Date Received	Expiration Date	

**Identity and Statement of Educational Purpose**  
**(To Be Signed in the Presence of a Notary *when student cannot appear in person*)**

*If the student is unable to appear in person* at **Atlanta's John Marshall Law School** to verify his or her identity, the student must provide to the institution:

- (a) 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, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual  
(Print Student's Name)

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 Atlanta's John Marshall Law School for 2025-2026.

\_\_\_\_\_  
(Student's Signature) (Date)

\_\_\_\_\_  
(Student's ID Number)

**Notary's Certificate of Acknowledgement**

*(Only Required if student is not submitting Government Issued ID in person)*

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

On \_\_\_\_\_, before me, \_\_\_\_\_  
(DATE) (Notary's name)

personally appeared, \_\_\_\_\_, and proved  
(Printed name of signer)

because of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_  
(seal) (Notary signature)

My commission expires on \_\_\_\_\_  
(Date)



**2025-2026**  
**Certification and Signature**  
**(Independent Student)**

**Certification and Signature**

Each person signing below certifies that all of the information reported is complete and correct.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student's Name- Printed

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date