2019-2020 Identity and Statement of Educational Purpose

LORENZEN	MATTHEW	R	001357784
Student's Last Name	Student's First Name	MI	ID Number
	7400500000		40/47/4000
mlore23@wgu.edu Student's Email Address	7122592099 Student's Phone Numb		10/17/1980 Student's Date of Birth
Student's Email Address	Student's Phone Number	er	Student's Date of Birth
This Statement of Educational Pu Identity and State	rpose is <u>ONLY</u> to be completed i ment of Educational Purpose (Si		
The student must appear in person at government-issued photo identification institution will maintain a copy of the reviewed and the name of the official at	n (ID), such as, but not limited to, a student's photo ID that is annotate	driver's license, o	ther state-issued ID, or passport. The on with the date it was received and
In addition, the student must sign, in the	presence of the institutional official,	the Statement of E	ducational Purpose provided below.
	Identity and Statement of Educa sence of a Notary only if unable to	•	at the institution)
If the student is unable to appear in perthe institution:	son at Western Governors Universit	y to verify his or he	er identity, the student must provide to
 a. A copy of the unexpired valid gove or that is presented to a notary, su b. The original Statement of Education 	uch as, but not limited to, a driver's lid onal Purpose provided below, which t of Educational Purpose, there mus	cense, other state- must be notarized	
to the following address: Western Governors University 4001 South 700 East, Suite 700 Attn. Financial Aid Salt Lake City, UT 84107	I ONLY in the presence of a decir	whatad ashaal off	icial or notany
To be completed	I <u>ONLY</u> in the presence of a design Statement of Educational		icial or notary.
I certify that I,			
roorary triat i,	(Print Student's N	ame)	
am the individual signing this Statemen only be used for educational purposes a			
			001357784
(Student's Signature)	(Date)		(Student's ID Number)
(Financial A	Nid Administrator's Signature)		(Date)
·	du Administrator 5 Signature)		, ,
	Notary's Certificate of Kno	owledge	
State of	City/County of		On
before me,(Notary's Nan	personally app	eared,	,
(Notary's Nan and proved to me on basis of satisfacto	ry evidence of identification		
to be the above-named person who sign		Type of governme	nt-issued photo ID provided)
WITNESS my hand and official seal			
-	(Notary Signature)		(Date Commission Expires)
(Seal)			