

PHONE: (757) 352-4385 | INQUIRIES: finaid@regent.edu

RR | FUSEDP

Initials: \_\_\_\_\_

Student ID #: \_\_

## 2025-2026 STATEMENT OF EDUCATIONAL PURPOSE

Last Name	First Name	Middle Initial	Student ID Numbe
Street Address (include A	apt #)		Date of Birth
City	State	Zip Code	Phone Number
B. IDENTITY/STA	TEMENT OF EDUCATIONAL P	URPOSE	
	appear in person at Regent Universit		e student must provide:
such as, but no military ID.	lid government-issued photo identific ot limited to, a driver's license, other s	state-issued ID, or passport. Plea	se note we cannot accept a
Statement of Educat	, am the individual signing ce I may receive will only be used for ec	this Statement of Educational Pur lucational purposes and to pay the	pose and that the Federal
itudent Signature (must	be printed and signed)		Date
itudent Signature (must inancial Aid Administrate			Date Date
inancial Aid Administrate			
inancial Aid Administrato	or's Signature	NT	Date
inancial Aid Administrate C. NOTARY CERT	Dr's Signature IFICATE OF ACKNOWLEDGME City/County of	NT	Date
Tinancial Aid Administrate C. NOTARY CERT State of Dn	or's Signature IFICATE OF ACKNOWLEDGMECity/County of	NT NOTARY'S NAME	Date
Tinancial Aid Administrate C. NOTARY CERT State of Dn	Dr's Signature IFICATE OF ACKNOWLEDGME City/County of	NT NOTARY'S NAME	Date
Financial Aid Administrate C. NOTARY CERT State of Dn DATE Personally appeared,	Dr's Signature IFICATE OF ACKNOWLEDGME City/County of , before me, PRINTED NAME OF SIGNER	NT NOTARY'S NAME and provided to me on th	Date e basis of satisfactory evidenc
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