

Verification of Identity & Statement of Educational Purposes 2023-2024

Student's Name:	USF ID or SSN
· · · · · · · · · · · · · · · · · · ·	Statement of Educational Purpose Completed/Signed With Notary)
If the student is unable to appear in person at student must provide:	University of St. Francis to verify his or her identity, the
acknowledged in the notary statement	ernment-issued photo identification (ID) that is ent below, or that is presented to a notary, such as, but her state-issued ID, or passport; and f Educational Purpose provided below.
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<u>Statem</u>	ent of Educational Purpose
this Statement of Educational Purpose	am the individual signing ont Student's Name) e and that the federal student financial assistance I may onal purposes and to pay the cost of attending
University of St. Francis for the 202	
Student's Signature	Date
	ertificate of Acknowledgement
State of	
City/County of	
On, before	me,,
(Date)	(Notary's name), and provided to me
personany appeared,	(Printed name of signer), and provided to the
on basis of satisfactory evidence of ic	dentification
to be the above-named person who si	(Type of government-issued photo ID provided) gned the foregoing instrument.
WITNESS my hand and official sea (seal)	al
	(Notary signature)
Please return the completed form to:	My commission expires on(Date)