



Verification of Identity & Statement of Educational Purposes
2024-2025

Student's Name: _____ USF ID or SSN _____

Identity and Statement of Educational Purpose
(To Be Completed/Signed With Notary)

If the student is unable to appear in person at **University of St. Francis** to verify his or her identity, the student must provide:

- 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 notarized 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 **University of St. Francis** for the 2024-2025 academic year.

Student's Signature Date

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) *(Notary's name)*

personally appeared, _____, and provided to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of 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)

Please return the completed form to:

Financial Aid Services
500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu
(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822