



**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 at the Institution)

The student must appear in person at **University of St. Francis** 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

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

Statement of Educational Purpose

I certify that I, _____ am the individual signing this
(Print Student's Name)
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

Signed in the presence of institutional official: _____

Financial Aid Services

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