

Verification of Identity & Statement of Educational Purposes 2024-2025

| Student's Name: | USF ID | or SSN: | |
|--|--|--|--|
| | Identity and Statement of Ed (To BeCompletedSigned a | • | |
| The student must appear in persoblaiversity of St. Francisto verify his or her identity by | | | |
| presentingan unex | presentingan unexpired validovernmentissued photo identification (ID), such as, but not limited | | |
| to, a driver's license | 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. | | | |
| ****** | ******** | ****** | |
| | Statement of Education | e of the institutional official, Ste tement of onal Purpose | |
| I certify that \downarrow _ | (3ULQW 6WXGHQW | am the individual signing this | |
| Statement of Education Burposænd that the federal student financial assistance I may | | | |
| receive will only beusedfor educational purposes and to pay the cost of attending | | | |
| University of St | t. Francis for the 2024-2025 aca | ademic year. | |
| 6 W X G H Q \ | W¶V 6LJQDWXUH | 'ate | |
| Signed inthepres | sence of institutional officia <u>l</u> | | |