# SAINT LOUIS UNIVERSITY, STUDENT FINANCIAL SERVICES

One Grand Blvd.

DuBourg Hall, Room 119

Saint Louis, MO 63103

Phone: 314-977-2350 Fax: 314-977-3437 Email: SFS@SLU.edu

# Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at **Saint Louis University** 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 reviewed, and the name of the official at the institution authorized to receive and review 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 Statement of Education	al Purpose and that the Fede	eral student	financial	
assistance I may receive wil cost of attending Saint Louis	I only be used for educationa S University for 2019-2020.	al purposes	and to pay the	
STUDENT SIGNATURE	DATE			
	_			
STUDENT'S ID NUMBER	_			

## **Identity and Statement of Educational Purpose** (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Saint Louis University to verify his or her identity, the student must provide to Saint Louis University:

- (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 Statement of Educational Purpose provided below, which must be notarized.

### **Statement of Educational Purpose**

of

I certify that I		am the individual signing this Statement o	
<b>Educational Purpose and</b>	that the Federal studen	t financial assistance I may receive will only be st of attending <b>Saint Louis University</b> for 2019-2020.	
STUDENT SIGNATURE	DATE	STUDENT'S ID NUMBER	
		e of Acknowledgement tion may vary by State	
State of			
City/County of			
On	_, before me,	me,	
(Date)	(1	(Notary's name)	
personally appeared,		, and proved to me	
(Prir	nted name of signer)		
on the basis of satisfactory	evidence of identification		
		(Type of unexpired government-issued photo ID provided)	
to be the above-named pers	son who signed the foreg	oing instrument.	
WITNESS my hand and offic	cial seal		
(seal)			
		(Notary signature)	
My commission expires on _		(Date)	