## University of Illinois Springfield - Office of Financial Assistance

One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 https://www.uis.edu/cost-aid/financial-aid

## 2023-2024 Identity and Statement of Educational Purpose

The student must appear in person at The Office of Financial Assistance, University of Illinois at Springfield 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 by the institution and the name of the official at the institution authorized to receive and review the student's ID. In addition, the student must sign the Statement of Educational Purpose provided below:

Sta	atement of Educational	Purpose		
certify that I(Print Student's Name) hat the federal student financial assistance I m of attending University of Illinois at Springfield f	nay receive will only be used			
Student Signature	Date			
				_
For Office Use Only Staff				
Date:  Documentation provided Military ID	Driver's License	Other ID	Passport	_

ENTER YOUR 9-DIGIT UIN .

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## 2023-2024 Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at <u>The Office of Financial Assistance</u>, <u>University of Illinois Springfield</u> 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 (Note: a student ID is not a valid form of ID); and(b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose				
I certify that I(Print Student's Name)	am the individual signing 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 Illinois at Springfield for 2023-2024.				
Student Signature	Date			
Notar	y's Certificate of Acknowledgement			
State of				
On, before me,	(Notary's name)			
	, and provided to me on basis of satisfactory evidence of			
(Printed nar	me of signer)			
identification	to be the above-named person who signed the foregoing instrument.			
(Type of government-issued p	photo ID provided)			
	WITNESS my hand and official seal			
(seal)				
	(Notary signature)			
	My commission expires on			
	(Date)			
ENTER YOUR 9-DIGIT UIN :				
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