

2024–2025 Identity and Statement of Educational Purpose

Student's Last Name First Student's Identification (ID) Number

Student's Street Address (include apt. no.) Student's Phone Number

City State Zip Code Student's Email Address

The student _____ at Fairfield's Office of Financial Aid to verify his or her identity by presenting an unexpired valid driver's license or a copy of the Student ID that is annotated with the date it was received and reviewed, and the name of the university official authorized to receive and review the student ID.

In addition, the student must sign, in the presence of the university official, the following statement:

Statement of Educational Purpose:

I certify that I _____ am the individual signing this Statement of Educational Purpose
(Print Student's Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Fairfield University for 2024-2025.

Student's Signature Date University Official Signature Date