



STUDENT INFORMATION

First Name	Last Name	Middle	Student ID#

INSTRUCTIONS

Based on a review of your 2020-2021 FAFSA by the U.S. Department of Education, your FAFSA was selected for federal verification. The University of Dayton is required to verify your identity and educational purpose.

You must complete this form in the presence of a Notary Public **OR** a Financial Aid Officer at the University of Dayton, and present an unexpired valid government-issued photo ID.

If using a Notary Public, you must mail this completed form along with a copy of the valid government-issued photo ID that is acknowledged below to: **University of Dayton, Office of Financial Aid, 300 College Park, Dayton, OH 45469-1605.**

We are unable to accept either scanned or faxed documentation. Please contact our office with any questions you may have. You must complete this request before we can finalize and apply financial aid to your account. We encourage you to submit this form **within 30 days of receipt.**

Failure to comply with this request can result in the loss of financial aid for the year.

STUDENT CONTACT INFORMATION

Street Address	City	State	Zip
Email Address		Phone Number	

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I, _____, am the individual signing this
(Printed name of student signer)

'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 the University of Dayton during the 2020-2021 academic year.

STUDENT SIGNATURE

I certify that I am the individual signing this statement in the presence of a Notary Public or Financial Aid Officer at the University of Dayton and that I am providing them an unexpired valid government-issued photo ID.

I also hereby affirm that all information I reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal, state, or institutional student aid based on incorrect information, my financial aid award(s) may change.

Student Signature _____ Date _____

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of	City/County of
Email Address	Phone Number

On _____, I hereby certify that _____
(Date) *(Printed name of student signer)*

did hereby personally appear before me, _____, and proved to me on the
(Notary's printed name)

basis of satisfactory evidence of identification _____, to be the above-
(Type of unexpired government-issued photo ID provided)

named person who signed the foregoing "Statement of Educational Purpose."

WITNESS my hand and official seal

(Notary signature)

My commission expires on _____
(Date)

Office use only:

INSTITUTIONAL REPRESENTATIVE

I certify that I have verified the identity and witnessed the completion of the foregoing 'Statement of Educational Purpose' by the student signer.

Financial Aid Officer Name	Officer Title
Financial Aid Officer Signature	Date
Student's Government-issued photo ID (Copy Attached)	
<input type="checkbox"/> Driver's License <input type="checkbox"/> U.S. Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other	

Office of Financial Aid
Flyer Student Services
 300 College Park Dayton, Ohio 45469-1605
 TEL: 937-229-4311 FAX: 937-229-4338
fss@udayton.edu