



If the student is **unable to appear** in person at Benedictine University to verify his or her U.S. citizenship, the student must **submit to Benedictine University – The Office of Financial Aid:**

1. A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is present to a notary, and attached to this form, such as but not limited to a driver’s license, other state-issued ID, and U.S. passport, Certification of Naturalization or immigration documents.
2. This completed form in the presence of notary.

I certify that I, _____, am the individual signing this statement, and I am
(Print student’s full name)

providing a copy of my citizenship documents along with a copy of a valid government-issued photo identification card bearing my likeness. I certify that the attached documents and government issued photo identification are the true, exact, and complete copies of the originals issued to me.

I certify that I, _____, am the individual signing this Statement of Educational
(Print student’s full 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 Benedictine University for 2025-2026 academic year.

I understand that providing false or misleading information or documents is punishable by fine or imprisonment and may make me liable for repayment of any funds received on the basis of the information and documents I have provided.

| | | | |
|--------------------------------------|-------------|--|-----------------------|
| | | | |
| Student’ Signature (Required) | Date | | BenU ID Number |

NOTARY’S CERTIFICATE OF ACKNOWLEDGEMENT

_____ State Of _____ County Of

The foregoing instrument was acknowledged before me _____,
Print Notary’s Full Name

On _____, by _____, personally appeared and provided to me
Date Print Student’s Name

basis of satisfactory evidence of identification: (attach copy) _____
Type of Government Photo ID Presented

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal:

_____(date)
Notary’s Signature My commission expires on

