Benedictine University
Financial Aid

2026-2027
Identity Verification &
Statement of Educational Purpose

The U.S. Department of Education randomly selects students to confirm their identity to prevent fraud and for the purpose for receiving federal financial aid.

Student Information

	B
Student's Last Name, First Name, MI	**Student Benedictine ID**

The student must appear **in person** at BU Office of Financial Aid, Goodwin Hall 214 to verify their identity by presenting an original unexpired valid government-issued photo identification, such as a driver's license or U.S. passport. BU will maintain a copy of the student's document.

Statement of Education Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose
(Print student's full name)
and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending Benedictine University for 2026-2027 academic year.

Student Signature (Required)	**Date**

Or,

If the student is **unable to appear** in person at Benedictine University to verify his or her identity, the student must submit the following:

1. A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below and attached to this form, such as but not limited to a driver's license, other state-issued ID, and U.S. passport.
2. **Completed and signed the 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 a valid government-issued photo identification card bearing my likeness. I certify that the government issued photo identification are the true, exact, and complete copies of the originals issued to me.

Statement of Education Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose
(Print student's full name)
and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending Benedictine University for 2026-2027 academic year.

Student Signature (Required)	**Date**

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT (only needed if **not** able to appear in person at BU)

State Of _____ City/County Of _____ On (date)_____,

Before me, (Notary's Name) _____ Personally appeared, (Signer's Name) _____

and provided satisfactory evidence of identification, (type of photo identification) _____
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal: _____
Notary's Signature seal

My commission expires on (date)_____