

#### STUDENT FINANCIAL SERVICES

1900 West Olney Avenue Philadelphia, PA 19141-1199 Phone: 215.951.1070

www.lasalle.edu sfs@lasalle.edu

# 2025-26 Verification of Identity and Educational Purpose Statement

The Department of Education has selected your 2025-26 Free Application for Federal Student Aid (FAFSA) for review in a process called verification. You must complete and sign this worksheet, attach any required documents and submit them to the La Salle University Student Financial Services Office. Due to federal regulation, NO financial aid will be disbursed for a student until the verification process is complete.

#### TO BE SIGNED IN THE STUDENT FINANCIAL SERVICES OFFICE – LA SALLE UNIVERSITY

Last Name	First Name	M.I.	La Salle ID Number
government issu  The institution	ued photo identification (ID),	such as, but not limite student's photo ID th	is or her identity by presenting an <u>unexpired</u> valid to, a driver's license, other state-issued ID, or parat is annotated with the date it was received an udent's ID.
In addition, the	student must sign, in the pres	ence of the institutiona	l official, the following:
	S	Statement of Educatio	nal Purpose
I certify	y that I, (Print Student's Name)	, am the	individual signing this Statement of
Educati	ional Purpose and that the fed		assistance I may receive will only be used for lle University for 2025-2026.
Student's Signature (R	Required)	Date	
Student's Signature (R For Student Fin	Required) nancial Services Use only:	Date	
	nancial Services Use only:	Date	



Student's Signature (Required)

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### TO BE SIGNED WITH NOTARY (online and foreign notary services not permitted)

If the student is unable to appear in person at La Salle University to verify his or her identity, the student must provide: (a) A copy of the <u>unexpired</u> valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as a driver's license, other state-issued ID, or passport, *AND* (b) The original notarized Statement of Educational Purpose provided below. Please return to the Student Financial Services Office via hand delivery, U.S. Mail or courier service (e.g., UPS, FedEx). Do not fax or email.

**Statement of Educational Purpose** 

## , am the individual signing this Statement of Educational Purpose and that the I certify that I, federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending La Salle University for 2025-2026. (Student's Signature) (Date) (Student's La Salle University ID Number) **Notary's Certificate of Acknowledgement** State of City/County of (Print Notary's Name) personally appeared, \_\_\_\_ , and provided to me (Printed name of signer) on basis of satisfactory evidence of identification (Type of government-issued photo ID provided) to be the above-named person who signed the foregoing instrument. WITNESS my hand and official seal (Notary Signature) My commission expires on **Certifications and Signatures** WARNING: If you purposely give false or misleading information you By signing below, I certify that all of the information reported is complete and correct. may be fined, be sentenced to jail, or both.

Date