## 2020-21 Identity & Ed Purpose Form (F1FIDS)



Marquette Central, Office of Student Financial Aid PO Box 1881 Milwaukee, WI 53201-1881

Email: marquettecentral@marquette.edu

Website: mu.edu/mucentral/ Tel: (414) 288-4000

Student		
Legal Name:	MUID #:	
INSTRUCTIONS:		

The student must appear in person at Marquette Central, Zilber 121, to verify his or her identity by presenting:

- 1. An unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Marquette University will maintain a copy of the student's photo ID that is annotated by Marquette University with the date it was received and reviewed and the name of the official at Marquette University authorized to receive and review the student's ID.
- 2. The student must sign, in the presence of a Marquette University official, the English **Statement of Educational Purpose** below.

## Or:

Either:

If the student is unable to appear in person at Marquette Central to verify his or her identity, the student <u>must</u> mail the following (upload, fax and email copies <u>will not</u> be accepted) to Marquette University at the address above:

- A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other stateissued ID, or passport; AND
- 2. The original notarized English **Statement of Education Purpose** provided below signed in the presence of a Notary.

Statement of Educational Purpose		
I certify that I,	me) , am the individual signing this <b>Sta</b>	tement of Educational Purpos
and that the federal student financial assista attending Marquette University for 2020-202	nce I may receive will only be used for educational purpo 1.	oses and to pay the cost of
(Student's Signature)	(Student's ID Number)	(Date)
-	nent (only needed if not able to appear in person at	,
State of	City/County of	·
State of	City/County of	·
State of , b	City/County ofefore me,(Notary	's Name)
State of , b , b	City/County ofefore me,(Notary	's Name)
State of, b On, b (date) Personally appeared,	efore me,  (Notary inted name of signer)	's Name)
State of, b On, b (date) Personally appeared,	City/County of	's Name) rovided to me
State of	City/County of	's Name)
State of	City/County of	's Name) rovided to me
State of	City/County of	's Name) rovided to me ent-issued photo ID provided)
State of, b	city/County of	's Name) rovided to me

FOR OFFICE USE ONLY:			
In Person: Attach photocopy of ID after verifying identity.	Via Notary: SDS original Notary Seal Viewed.		
Document Used:	Initials:		
Date Received:	(Per Federal Regulations cannot accept fax,		
Authorized Name:	email, or upload copies.)		