

2026-27
Identity & Ed Purpose Form
(F7FIDS)



Marquette Central, Office of Student Financial Aid
PO Box 1881
Milwaukee, WI 53201-1881
Email: marquettecentral@marquette.edu
Website: mu.edu/central
Phone: (414) 288-4000

Student

Legal Name: _____ MUID #: _____

INSTRUCTIONS:

Either:

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

An original unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, non-driver's identification card, 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.

Or:

If the student is unable to appear in person at Marquette Central to verify their identity, the student must mail the following to Marquette University at the address above (uploaded, faxed, or emailed copies will not be accepted):

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, non-driver's identification card, other state-issued ID, or passport.

Notary's Certificate of Acknowledgement (only needed if not able to appear in person at Marquette Central)

State of _____ City/County of _____

On _____, before me, _____
(date) (Notary's Name)

Personally appeared, _____, and provided to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)

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)

FOR OFFICE USE ONLY:

In Person: Attach a photocopy of ID after verifying identity.

Document Used: _____

Date Received: _____

Authorized Name: _____

Via Notary: SDS original Notary Seal Viewed.

Initials: _____

(Per Federal Regulations cannot accept fax, email, or upload copies.)