Identity & Ed Purpose Form
(F1FIDS)

Marquette Central, Office of Student Financial Aid
P.O. Box 1881
Milwaukee, WI 53201-1881
Website: marquette.edu/mucentral/
Tel: (414) 288-4000

Student
Legal Name: ________________________________________________ MUID #: ________________

Instructions:
Either:
• The student must appear in person at Marquette Central to verify his or her identity by presenting 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.

In addition, the student must sign, in the presence of a Marquette University official, the following English Statement of
Educational Purpose below.

Or:
• If the student is unable to appear in person at Marquette Central to verify his or her identity, the student must mail
(upload, fax and email copies will not be accepted) to Marquette University at the address above:
  1. 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 state-issued 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, ____________________________________, am the individual signing this Statement of Educational Purpose
(Print Student’s 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 Marquette University for 2020-2021.

(Student’s Signature)                                   (Date)                                      (Student’s ID Number)

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 signature) (Seal)

My commission expires on___________________________________
(Date)

FOR OFFICE USE ONLY:
In Person: Attach 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
or email copies.)