

Identity Verification

On Campus

Name: _____ ID#: _____

Student Phone # _____ Parent Phone # (if dependent student) _____

Address: _____ City: _____ State: _____ Zip: _____

Your FAFSA has been selected for a process called “verification.” In this process, we are required by the law to compare the information from your FAFSA with the information provided on this form. Complete all questions and submit the completed form to the Financial Aid Office.

Note: Aid cannot be disbursed until all requested documentation is received and reviewed. Please check your Argo Express to see missing requirements.

What we need from you:

- A copy of the valid government-issued photo identification that is acknowledged in statement below, such as but not limited to a driver’s license, other state-issued ID, or passport
- This form signed and dated in the presence of an Employee of the UP financial aid office.

THE REMAINDER OF THIS FORM MUST BE COMPLETED IN THE PRESENCE OF AN EMPLOYEE OF THE UNIVERSITY OF PROVIDENCE FINANCIAL AID OFFICE.

I, _____, certify that I am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the University of Providence.

Signature:

By signing this form, you certify that the information provided is true and complete.

Student Signature Date

Please allow up to 10 business days for processing.

Financial Aid Office use only. Please check which document was copied for the students file:

Driver’s License Passport Military ID Other State Issued Photo ID