



# 2019 – 2020 Identity and Statement of Purpose

Student Name: \_\_\_\_\_

Roosevelt ID: \_\_\_\_\_

Your 2019-2020 FAFSA (Free Application for Federal Student Aid) requires verification of your identity, and a signed statement about your use of federal student aid. You are required to appear in person at the Office of Financial Aid Services to present this form and your identification. Acceptable identification must have your photograph and can be your state driving license, military ID, U.S. Passport or an ID issued by your employer. Your eligibility for federal student aid will be delayed until this requirement is complete. Federal student aid – including federal PLUS loans – cannot be applied to institutional charges until this requirement is completed. Student name and RU ID must be on all documents submitted. You are responsible for the payment of institutional charges due to Roosevelt University by the published due dates.

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ (Print student name) 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 Roosevelt University for 2018-2019.

PHYSICAL SIGNATURE – DO NOT TYPE		PHYSICAL SIGNATURE – DO NOT TYPE	
<b>Student Signature</b>	<b>Date</b>	<b>Financial Aid Administrator’s Signature</b>	<b>Date</b>

If you cannot appear in person to submit this form, you will need to provide a copy of your government issued ID and have this form notarized by a public notary.

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_,  
*(Date)*

\_\_\_\_\_ personally appeared before me, \_\_\_\_\_,  
*(Student’s name)* *(Notary’s name)*

and proved to me on the basis of satisfactory evidence of identification \_\_\_\_\_  
*(type of government-issued photo ID)*

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal \_\_\_\_\_  
*(Notary’s signature)* *(Date commission expires)*

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and, I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Submit this worksheet in person to FAS-1M16/Wabash Building, or by email to [fas@roosevelt.edu](mailto:fas@roosevelt.edu), or by fax to (312) 341-3545

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