



Office of Financial Aid Services  
 425 S. Wabash Ave - Suite 1M16  
 Chicago, Illinois 60605  
 Phone: (866) 421-0935  
 Fax: (312) 341-3545  
 Email: fas@roosevelt.edu

**2020-2021 Identify and Statement of Purpose**

Student Name: \_\_\_\_\_ Roosevelt ID: \_\_\_\_\_

Your 2020-2021 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. Student name and RU ID must be on all documents submitted. You are not eligible for federal student aid, including the Federal PLUS Loan, until this requirement is complete. 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 2020-2021.

PHYSICAL SIGNATURE – DO NOT TYPE		PHYSICAL SIGNATURE – DO NOT TYPE	
Student Signature	Date	Financial Aid Administrator’s Signature	Date

If you cannot appear in person to submit this form at the Office of Financial Services, you can see a notary public with your current photo ID to complete the required federal certification. Additional documentation may be needed by the notary public.

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_  
 \_\_\_\_\_ 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

RRAAREQ CODE: VIDENT