

2601 GENTILLY BLVD. \* ROSENWALD HALL, ROOM 126 \* NEW ORLEANS, LA 70122 \* PHONE: (504)816-4677 \* FAX: (504) 816-5456 \* EMAIL: FINANCIALAID@DILLARD.EDU

## 2025-2026 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student's Last Name	First Name	M.I.	Student ID
To Be Signed at Dillar	d University in the Off	ice of Financial Aid &	Scholarships
The student must appear in person at	(Name of Postsecondary	Educational Institution)	_ to verify his or her identity
by presenting an unexpired valid go driver's license, other state-issued II ID that is annotated by the institution at the institution authorized to receive	vernment-issued photo O, or passport. The inst on with the date it was re	o identification (ID), s titution will maintain a eceived and reviewed,	uch as, but not limited to, a copy of the student's photo
In addition, the student must sign, Purpose Provided below.	the presence of the in	stitutional official, the	e Statement of Educational
S	TATEMENT OF EDUCATI	IONAL PURPOSE	
I certify that I, Educational Purpose and that the Feducational purposes and to pay the	deral student financial	assistance I may recei	ve will only be used for
Student's Signature		Date	
□ <b>Approved</b> : Action/approval date_	FAA REVIEWER U		
FAA Signature		Title	



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## 2025-2026 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student's Last Name	First Name	M.I.	Student ID
	To Be Signed in the Presen	nce of a Notary	
If the student is unable to appear in	person at(Name of Po	stsecondary Educational Institution)	to verify his or
notary statement below, or state-issued ID, or passpor b) The original Statement of statement appears on a sep	alid government-issued photo that is presented to a notary,	such as, but not limited below, which must be of Educational Purpos	d to, a driver's license, other e notarized. If the notary se, there must be a clear
	STATEMENT OF EDUCATION	ONAL PURPOSE	
I certify that I,	Federal student financial a	ssistance I may recei	ve will only be used for
Student's Signature		Date	
This form mu	RY'S CERTIFICATION OF A st be notarized ONLY if you a	tre not submitting it in	person.
On	, City/Coun	ty 01	
(Date)	, before me,	(Notary's name)	,
personally appeared,		, and	provided satisfactory
	(Student's Name)		
evidence of identification	(Type of government-issued photo ID provid		_ to be the above-named
person who signed the foregoing		eu)	
WITNESS my hand and officia	al seal	(Notary Signature)	
My commission expires on	(Date)	·	
□ <b>Approved</b> : Action/approval da	FAA REVIEWER US	E ONLY	
FAA Signature		Title	