



Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. In order to process your financial aid for the 2024-2025 academic year, we need to gather additional information about you, as required by the U.S. Department of Education (34 CFR, Part 668).

To verify the accuracy of the information provided on your application, we will compare your FAFSA with the information on this document and with any other required documents. Saint Xavier University reserves the right to make all necessary changes to your Student Aid Report (SAR).

If you have questions about the verification process, please contact the Office of Financial Aid at (773) 298-3070 or finaid@sxu.edu.

You must complete and submit this form, along with the additional documentation requested, before your financial aid will be processed. Failure to do so will result in a delay of financial aid processing or possible loss of eligibility.

STUDENT INFORMATION	

Name _____	
SXU ID Number _____	Date of Birth _____

Phone Number _____	

IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE

Instructions: The student must appear in person at Saint Xavier University 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. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Education Purpose provided below:

Statement of Educational Purpose		
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 Saint Xavier University for 2024-2025.		
_____	_____	_____
Student Signature	SXU Student ID Number	Date
_____	_____	_____
Witness Signature (SXU Financial Aid Staff Member)	Witness Printed Name	Date
<i>Please note: To be valid, this portion of the document MUST be signed at Saint Xavier University, in the presence of Office of Financial Aid staff</i>		

If you are unable to come to campus to sign this Statement of Educational Purpose, you may contact the Office of Financial Aid, at (773) 298-3070 or finaid@sxu.edu, to request **FORM V4-N**, a version of this document that can be completed remotely in the presence of a notary.