2425 XIDN25

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Student ID (E Number) Last Name First Name

2024-2025 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

(To Be Signed at the Institution)

The student must appear in person at Eastern Illinois University, Office of Financial Aid, to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.**

In addition, the student must sign, in the presence of the institutional official, the following statement in English or Spanish:

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 Eastern Illinois University for 2024-2025.

STUDENT SIGNATURE _____ DATE _____

DECLARACIÓN DE PROPÓSITO EDUCATIVO

Certifico que yo, _____ (*Imprimir nombre del estudiante*) soy el individuo que firma esta Declaración de Propósito Educativo, y que la ayuda financiera federal estudiantil que yo pueda recibir sólo será utilizada para fines educativos y para pagar el costo de asistir a Eastern Illinois University para 2024-2025.

FIRMA DEL ESTUDIANTE _____ FECHA _____

OFFICE USE ONLY

☐ Student presented in office. Notary not necessary.

☐ Statement received by: _____ Date: _____

☐ ID Verified/Signed by: _____ Date: _____

EASTERN ILLINOIS UNIVERSITY

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE: **217-581-6405**