

## 2024 – 2025 Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

Student's Last Name	First		Student's Identification (ID) Number
Student's Street Address (include apt. no.)			Student's Phone Number
		_	@
City	State	Zip Code	Student's Email Address
received and reviewed, an ID.	nd the name of the	e university offic	oto ID that is annotated with the date it was all authorized to receive and review the student's iversity official, the following statement:  onal Purpose:
I certify that I		am the	individual signing this Statement of Educational Purpose
•	Student's Name)		,
			ill only be used for educational purposes and to versity for 2024-2025.
Student's Signature		Date	University Official Signature Date
	VALA DALIAL	<b>G</b> : If you purposel	

Please return this form to: Fairfield University - Office of Financial Aid Mail: 1073 North Benson Road

Fairfield, CT 06824 Email:finaid@fairfield.edu

Fax: 203-254-4008