

## 2023 – 2024 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, ar ID.	nd the name of	the university officia	to ID that is annotated with the date it was all authorized to receive and review the student's versity official, the following statement:	
	St	atement of Education	onal Purpose:	
	Student's Nam		individual signing this Statement of Educational Purpose	
		ance I may receive wi tending <b>Fairfield Univ</b>	Il only be used for educational purposes and to ersity for 2023-2024.	
Student's Signature		Date	University Official Signature Date	
	WARNI	WARNING: If you purposely give false or misleading		
	informatio	n you may be fined, b	e sentenced to jail, or both.	

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

OFFICE USE: IPWK24\_\_\_\_\_