

2022 – 2023 Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

| | 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 | | | to ID that is annotated with the date it was I authorized to receive and review the student's |
| ID. In addition, the student m | nust sign, in the | presence of the univ | versity official, the following statement: |
| | | presence of the univ | |
| In addition, the student m | | atement of Educatio | nal Purpose: |
| In addition, the student multiple of the student multi | Standent's Nam | atement of Education am the ine | nal Purpose: Individual signing this Statement of Educational Purpose I only be used for educational purposes and to |
| In addition, the student multiple of the student multi | Standent's Nam | atement of Education am the ine | nal Purpose: I only be used for educational purposes and to |

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