Financial Aid Office

1032 West Sheridan Road Sullivan Center Room 190

Chicago, Illinois 60660
Phone: 773.508.7704
Scan completed form and upload to https://forms.luc.edu/faoupload



dent Name: (Please print)	L(Ye	Loyola ID:(Your 11-digit Loyola ID number begins 0000)	
			ole for Federal and/or State aid. The statu of Homeland Security and/or the Social
I certify that I,	, am the individual signing this statement, (Print Student's full name)		
and I am providing a copy of my doc card bearing my portrait (or likeness identification are the true, exact, and	cuments along with a cop). I certify that the attach	py of a valid governmed documents and go	nent - issued photo identification overnment issued photo
List of document(s):			
Type of Valid Photo ID	Expiration Date of Valid Photo ID		Issuing Authority of Valid Photo ID
Type of Citizenship and/or Immigr	Citizenship and/or Immigration Document(s)		f Any) of Citizenship And/or ament(s)
I understand that providing false or remay make me liable for repayment of provided.			
Student Signature Date			O AND SUBSCRIBED BEFORE ME DAY OF 20
Sign in the presence of a notary pul	<u>blic</u>		
			PUBLIC (SIGNATURE) MISION EXPIRES

Last Updated 11/02/2021

NOTARY STAMP