## **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)	Loyola ID:  (Your 11-digit Loyola ID number begins 0000)		
Financial Aid Office must verify your Condicated on your FAFSA application did ity Administration.			
and I am providing a copy of my docu card bearing my portrait (or likeness). identification are the true, exact, and c	ments along with a co I certify that the attac omplete copies of the	opy of a valid government open documents and gororiginals issued to me.	vernment issued photo
List of document(s) acceptable: Certif birth certificate, or form FS-240, FS54		າ or Citizenship, U.S pa	assport, copy of student's U.S.
Type of Valid Photo ID	Expiration Date	of Valid Photo ID	Issuing Authority of Valid Photo ID
Type of Citizenship Document(s)		Expiration Date (If Any) of Citizenship	
I understand that providing false or may make me liable for repayment of provided.			
Student Signature Date			AND SUBSCRIBED BEFORE MEDAY OF 20
Sign in the presence of a notary publi	<u>ic</u>		PUBLIC (SIGNATURE) MISION EXPIRES
	CI 202	5	

**NOTARY STAMP**