

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (TO BE SIGNED AT THE INSTITUTION)

ACADEMIC YEAR 2024-25

Your 2024-25 Free Application for Federal Student Aid (FAFSA) was selected for review.

The law requires that before finalizing your financial aid application, you must verify your Identity and Educational Purpose. To verify this information, you must bring this worksheet, with any required documents, to Enrollment Services and complete it in-person.

Send Completed Form To:

University of Rhode Island Enrollment Services Green Hall 6 Rhody Ram Way Kingston, RI 02881 USA

Phone: (401) 874-9500 Fax: (401) 874-2002

Email: enrollment-group@uri.edu
Website: web.uri.edu/enrollment

The student <u>must appear in person</u> at the University of Rhode Island to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I	am the individual signing this
(Print Student's Nam	e)
•	e and that the federal student financial assistance reducational purposes and to pay the cost of Island for 2024-25.
(Student's Signature)	(Date)
(Student's ID Number)	
(Name of school official who received the docume	ntation)
(Signature of school official)	(Date received)

