Financial Aid Office, Health Sciences Campus

Building 120, Room 210 2160 South First Avenue

Maywood, IL 60153 Phone: 708.216.3227

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Preparing people to lead extraordinary lives

lent Name:(Please print)		oyola ID: our 11-digit Loyola ID n	umber begins 0000)	
			e 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,	
and I am providing a copy of my card bearing my portrait (or likened identification are the true, exact, a	documents along with a co ess). I certify that the attacl	py of a valid governmented documents and governments.	ent - issued photo identification vernment issued photo	
List of document(s):				
Type of Valid Photo ID	Expiration Date of	of Valid Photo ID	Issuing Authority of Valid Photo ID	
Type of Citizenship and/or Imm	igration Document(s)	nent(s) Expiration Date (If Any) of Citizenship And/or Immigration Document(s)		
I understand that providing false of may make me liable for repayment provided.		the basis of the inform	nation and documents I have	
Student Signature Date			SWORN TO AND SUBSCRIBED BEFORE ME THISDAY OF 20	
Sign in the presence of a notary p	<u>oublic</u>			
			PUBLIC (SIGNATURE) IISION EXPIRES	

Last Updated 2/16/2022

NOTARY STAMP