LOYOLA
UNIVERSITY MARYLAND

Office of Financial Aid
Knott Humanities Center 132
4501 North Charles Street
Baltimore, MD 21210
Phone: 410-617-2576

Student's Name: _____ Loyola ID or DOB: _____

2026-2027 Notary Statement for Identity Verification

This form should only be completed if the student selected for Federal Verification is unable to appear in person at the Loyola University Maryland Office of Financial Aid to verify their identity.

DO NOT COMPLETE THIS FORM UNTIL YOU ARE WITH A NOTARY

If you are unable to appear in person at the Loyola University Maryland Office of Financial Aid to verify your identity, you must provide:

1. A notarized copy of an unexpired valid government-issued photo identification (ID), such as, but not limited to, a drivers license, other state-issued ID, or passport.

AND

2. The original Notary Statement for Identity Verification provided below, which must be signed by the student and notarized.

The original form and notarized copy of an unexpired valid government-issued photo identification (ID) must be mailed to the address above or brought into the Office of Financial Aid. Copies or scanned documents will not be accepted.

By signing this form, I certify that I _____ am the individual selected for Federal
Print Student's Name

Verification and that the Federal student financial assistance awarded to me will only be disbursed to my student billing account once the Office of Financial Aid has received and verified all required documentation.

Student Signature: _____ **Date:** _____

***Please sign in ink. ***

Notary Certificate of Acknowledgement

State of: _____ City/County of: _____

On _____, before me, _____ personally appeared,
Date *Notary's Name*

_____ and proved to me on the basis of satisfactory evidence of identification
Printed Name of signer

_____ to the above-named person who signed the foregoing instrument.
Type of unexpired government-issued photo ID provided

WITNESS my hand and official seal

_____
Notary signature

My commission expires on _____
Date

(Seal)

For Office Use Only

Received by: _____ **Date Received:** _____
Staff signature