



2018-2019 Identity Statement of Educational Purpose

This form may be submitted via email,
mail, fax, or in person

Office of Financial Aid
1950 Third Street
La Verne, CA 91750

Phone: (800) 649-0160
Fax: (909) 448-1629
finaid@laverne.edu

STUDENT INFORMATION

Last Name

First Name

La Verne ID or SSN

TO BE SIGNED AT THE INSTITUTION

The student must appear in person at the University of La Verne’s Office of Financial Aid to verify his or her identity by presenting a 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 Name)

Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **University of La Verne** for 2018-2019.

(Student’s Signature)

(Date)

(Student’s ID Number)

If you are unable to appear in person at the University of La Verne Office of Financial Aid, please read page 2 of this form.

OFFICE USE ONLY

Valid Government Photo ID Reviewed and Received by: _____
Employee Signature

Original ID Provided and Form Signed – In Person: _____
Employee Initials

Employee Name (Printed): _____

Employee Title: _____

Date (mm/dd/yy): _____



2018-2019 Identity and Statement of Educational Purpose

La Verne ID #: _____

TO BE SIGNED WITH A NOTARY

If the student is unable to appear in person at the University of La Verne’s Office of Financial Aid to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver’s license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
 (Print Student’s Name)
 Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used

for educational purposes and to pay the cost of attending University of La Verne for 2018-2019.

 (Student’s Signature) (Date) (Student’s ID Number)

Notary’s Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
 (Date) (Notary’s name)

personally appeared, _____, and provided to me
 (Printed name of signer)

on basis of satisfactory evidence of identification _____
 (Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
 (seal)

(Notary signature)

My commission expires on _____
 (Date)

You can submit page 2 of this form along with the requested ID via fax, email, mail, or in person.