

# University of La Verne

## 2020-2021 Identity Statement of Education Purpose

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Office of Financial Aid | 1950 Third Street | La Verne, CA 91750 | Phone: (800) 649-0160 | Fax: (909) 448-1629

### STUDENT INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
La Verne ID Number

### TO BE SIGNED AT THE INSTIUTION

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 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, **in the presence** of the institutional official, the 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 2020-2021.

\_\_\_\_\_  
(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): \_\_\_\_\_

# 2020-2021 Identity Statement of Education Purpose

La Verne ID Number \_\_\_\_\_

## STUDENT INFORMATION

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 to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, 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, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Education Purpose was the document notarized.

### 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 2020-2021.

\_\_\_\_\_  
(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)