



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

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

\_\_\_\_\_  
Middle Initial

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LACCD Student ID

**Identity and Statement of Educational Purpose (To Be Signed at the Institution)**

The student must appear in person at \_\_\_\_\_ to verify his or her identity  
*(Name of Postsecondary Educational Institution)*

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 U.S. 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  
*(Print Student's Name)*

the individual signing this 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

\_\_\_\_\_ for 2019-2020.  
*(Name of Postsecondary Educational Institution)*

\_\_\_\_\_  
*(Student's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Student's ID Number)*

**Certification and Signature**

By signing this form, I certify that all the information reported on this form is complete and correct. I understand that I must submit any required documents and forms as noted above, based on our circumstances, before the student's financial aid file may be ready for review. I also understand that false statements and/or misrepresentations on this form may result in fines, sentencing to jail, loss of financial aid eligibility, and/or required repayment of financial aid already received.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

Financial Aid Office Use Only:

Reviewed and approved by: \_\_\_\_\_

Financial Aid Office Staff's signature

\_\_\_\_\_ Date

\_\_\_\_\_

\_\_\_\_\_

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LACCD Student ID

## Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If an institution determines that an applicant is unable to appear in person to present an unexpired valid photo identification and execute the Statement of Educational Purpose, the applicant must provide the institution with:

- (a) A copy of the unexpired valid government-issued photo identification such as, but not limited to, a driver's license, non-driver's identification card, or other state-issued identification, or U.S. passport, that is acknowledged in a notary statement or that is presented to a notary; and
- (b) An original notarized statement signed by the applicant using the exact language as follows:

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this 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 \_\_\_\_\_ for 2019-2020.

(Print Student's Name)  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Student's ID Number)

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

### Certification and Signature

By signing this form, I certify that all the information reported on this form is complete and correct. I understand that I must submit any required documents and forms as noted above, based on our circumstances, before the student's financial aid file may be ready for review. I also understand that false statements and/or misrepresentations on this form may result in fines, sentencing to jail, loss of financial aid eligibility, and/or required repayment of financial aid already received.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared,

(Date)

(Notary's name)

\_\_\_\_\_, and proved to me on basis of satisfactory evidence of identification

(Printed name of signer)

\_\_\_\_\_ to be 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 \_\_\_\_\_  
(Notary signature)

(seal)

My commission expires on \_\_\_\_\_  
(Date)

**PAGE TWO**

### FAO STAFF USE

SSN 

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