Student's UOG ID Number



Student's Full Name

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

MUST BE SIGNED IN FRONT OF A UNIVERSITY OF GUAM FINANCIAL AID OFFICIAL

(if you are not able to appear at University of Guam Financial Aid Office, please use the back form)

	INIVERSITY OF GUAM FINANCIAL AID OFFICE to
(Na	me of Postsecondary Educational Institution)
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-is	ssued ID, or valid passport. The institution will maintain a
copy of the student's photo ID that is annot	ated with the date it was received and the name of the
official at the institution authorized to collect t	the student's ID.
In addition, the student must sign, in the presence of the institutional official, the following:	
Stateme	ent of Educational Purpose
I certify that I	am the individual signing this
(Print Student's Name)	
Statement of Educational Purpose and that the f	federal student financial assistance
I may receive will only be used for educational p	ourposes and to pay the cost of attending
·	
(Name of Postsecondary Educational Ins	for 2015–2016.
(Name of Fostsecondary Educational Ins	intention
=	
Student's name (please print)	Student's UOG ID Number
Student's name (please print) Student's Signature	Student's UOG ID Number Date

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

If you are not able to appear in person at the UNIVERSITY of GUAM Financial Aid Office, you must sign this form with a Notary.

Student's Full Name	Student's UOG ID Number
If the student is unable to in person a	at UNIVERSITY OF GUAM FINANCIAL AID OFFICE (Name of Postsecondary Educational Institution) to
verify his or her identity, the student	, , , , , , , , , , , , , , , , , , , ,
the notary statement below ID, or a valid passport; and	nment-issued photo identification (ID) that is acknowledged in v, such as but not limited to a driver's license, other state-issued dement 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 edu	cational purposes and to pay the cost of attending
	for 2015–2016.
(Name of Postsecondary Educational Inst	itution)
Student's name (please print)	Student's UOG ID Number
Student's Signature	Date
Nota	ary's Certificate of Acknowledgement
State of	City/Country of
On	, before me,
(Date)	(Notary's Name)
personally appeared,	(Printed Name of Signer)
and provided to me on basis of satisfac	ctory evidence of identification
	(Type of government-issued photo ID Provided
to be the above-named person who is	signed the foregoing instrument.
WITNESS my hand and official seal	
	Notary Signature
My commission expires on	
	Date