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.)

The student must appear in person at <u>UNIVERSITY OF GUAM FINANCIAL AID OFFICE</u> to

(Name 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-issued ID, or valid 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 I	Educational Purpose	
I certify that I(Print Student's Name)	am the individual signing this	
Statement of Educational Purpose and that the fede	eral student financial assistance	
I may receive will only be used for educational purpo	oses and to pay the cost of attending for 2016–2017.	
(Name of Postsecondary Educational Institut		
Student's name (please print)	Student's UOG ID Number	
Student's Signature	Date	
UOG FINANCIAL AID OFFICIAL (print & sign)	Date	
(F 5		

## **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 at $\_$	UNIVERSITY OF GUAM FINANCIAL AID OFFICE to	
verify his or her identity, the student mu	(Name of Postsecondary Educational Institution) ust provide:	
the notary statement below, su ID, or a valid passport; and	ent-issued photo identification (ID) that is acknowledged in uch as but not limited to a driver's license, other state-issued ent of Educational Purpose provided below.	
St	atement 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 educ	cational purposes and to pay the cost of attending	
	for 2016–2017.	
(Name of Postsecondary Educational Insti		
Student's name (please print)	Student's UOG ID Number	
Student's Signature	Date	
Notary's	S Certificate of Acknowledgement	
State ofC	ity/Country of	
On	, before me,,	
(Date)	(Notary's Name)	
personally appeared,	(Printed Name of Signer)	
and provided to me on basis of satisfactor	y evidence of identification	
to be the above-named person who is sign	(Type of government-issued photo ID Provided ned the foregoing instrument.	
WITNESS my hand and official seal		
· · · · · · · · · · · · · · · · · · ·	Notary Signature	
My commission expires on		