

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 atUNIVERS	STLY OF GUAM FINANCIAL AID OFFICEto	
(Name of	f Postsecondary Educational Institute)	
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	h the date it was received and the name of the	
official at the institution authorized to collect the stude	ent's ID.	
In addition, the student must sign, in the presence of the	ne institutional official, the following:	
Statement of Edu	ucational Purpose	
I certify that I	am the individual signing this	
(Print Student's Name)	<del></del>	
Statement of Educational Purpose and that the fede	eral student financial assistance	
I may receive will only be used for educational purp	oses and to pay the cost of attending	
	for Academic Year 2018–2019.	
(Name of Postsecondary Educational Institu		
(		
Student's name (please print)	Student's UOG ID Number	
Student's Signature	Date	
Stadent's Signature	Date	
LIGG EINANCIAL AID OFFICIAL (print & sign)		
UOG FINANCIAL AID OFFICIAL (print & sign)	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 i	·	F GUAM FINANCIAL AID OFFICE to econdary Educational Institution)
the notary statemed ID, or a valid pass	ent below, such as but not limi	dentification (ID) that is acknowledged in ted to a driver's license, other state-issued Purpose provided below.
	Statement of Educat	ional Purpose
I certify that I	(Print Student's Name)	am the individual signing this
Statement of Educat	ional Purpose and that the federa	al student financial assistance
I may receive will on	y be used for educational purpos	ses and to pay the cost of attending
		for 2018–2019.
(Name of Postse	condary Educational Institution)	
Student's name	(please print)	Student's UOG ID Number
	Notary's Certificate of Ackno	owledgement
State of	City/Country of	
On	, before me,	,
(Date)		(Notary's Name)
personally appeared,	(Printed Name	
and provided to me on basis	of satisfactory evidence of identif	
to be the above-named pers	on who is signed the foregoing ins	(Type of government-issued photo ID Provided trument.
·		
WITNESS my hand and offic	ial seal	

Date