UC RIVERSIDE UNIVERSITY OF CALIFORNIA

SEP

2018- 2019 Identity and Statement of Educational Purpose

You are required to complete this form because the Department of Education has selected you to verify your identity and sign a statement of educational purpose before your eligibility for federal financial aid can be determined. **Please keep in mind that incomplete forms will delay processing. Do not leave any spaces blank.**

SECTION 1: STUDENT INFORMATION

Last Name	First Name	Student Identification Number

SECTION 2: TO BE SIGNED AT THE INSTITUTION

The **student must appear in person** at the University of California, Riverside Financial Aid Office 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. University of California, Riverside must 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 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 California, Riverside for 2018-2019.

_____ _____
Student Signature Date

If the student **is not able to appear in person** at the University of California, Riverside Financial Aid Office they may complete the and Statement of Education Purpose and Notarized Certificate of Acknowledgement instead which can be found on our website at finaid.ucr.edu in the Forms and Appeals section.

TO BE COMPLETED BY UNIVERSITY OF CALIFORNIA FINANCIAL AID STAFF ONLY

Valid Government Photo ID Reviewed and Copied by: _____
Employee Signature

Original ID Provided and Form Signed – In Person: _____
Employee Signature

Employee Title: _____

Date (mm/dd/yyyy): _____