FINANCIAL AID OFFICE

UNIVERSITY of HAWAI'I® SYSTEM

Verification of Identity and Statement of Educational Purpose

STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____ UH ID Number/Username _____

Phone Number _____ Date of Birth _____

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (TO BE SIGNED WITH NOTARY, IF YOU ARE NOT ABLE TO SUBMIT THE DOCUMENT IN PERSON)

When completing this form in-person at a postsecondary educational institutional or with a Notary, please follow the instructions below:

Instructions for completing In-person at postsecondary educational institutional:

1. Please have a copy of valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport.

Instructions for completing with Notary:

1. A copy of valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
2. The original notarized Statement of Educational Purpose provided below.
3. The original document must be mailed/given to the Financial Aid Office. Faxed or emailed versions will not be accepted.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ (Print Student's Name) 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 _____ (Name of Postsecondary Educational Institution) for _____ (Ex. 2017 – 2018 academic year).

Student's Signature _____ Date _____

UH ID Number _____

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ City/County of _____

On _____ (Date), before me, _____ (Notary's name),

personally appeared, _____ (Printed name of signer), and provided to me

on basis of satisfactory evidence of identification _____ (Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Seal)

_____ (Notary's Signature)

My commission expires on _____ (Date)

RETURN THIS FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO THE COMMUNITY COLLEGE CAMPUS THAT YOU WILL BE ATTENDING:

Community College	Address	Email	Phone
Hawai'i Community College	1175 Manono Street * Hilo, HI 96720	hawccfao@hawaii.edu	(808) 934-2712
Honolulu Community College	874 Dillingham Boulevard * Honolulu, HI 96817	honccfao@hawaii.edu	(808) 845-9116
Kapi'olani Community College	4303 Diamond Head Road * Honolulu, HI 96816	kapfao@hawaii.edu	(808) 734-9537
Kaua'i Community College	3-1901 Kaumuali'i Highway * Lihu'e, HI 96766	kauccfao@hawaii.edu	(808) 245-8360
Leeward Community College	96-045 Ala 'Ike Street * Pearl City, HI 96782	lccfao@hawaii.edu	(808) 455-0606
University of Hawai'i Maui College	310 West Ka'ahumanu Ave * Kahului, HI 96732	mauifa@hawaii.edu	(808) 984-3277
Windward Community College	45-720 Kea'ahala Road * Kāneohe, HI 96744	wccfao@hawaii.edu	(808) 235-7449

FAO USE ONLY

Documents reviewed: _____ FAO Signature: _____

UH HILO, UH WEST OAHU AND UH MĀNOA STUDENTS NEED TO CONTACT THEIR FINANCIAL AID OFFICE FOR CAMPUS SPECIFIC FORMS.