

Verification of Identity and Statement of Educational Purpose

A. STUDENT INFORMATION

Last Name	First Name	M.I.	UH ID Number/Username
Phone Number			Date of Birth

**B. 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 _____ 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 _____ for _____ academic year.

(Print Student's Name) (Name of Postsecondary Educational Institution) (Ex. 2018 - 2019 academic year)

Signature	Date	UH ID Number
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NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ City/County of _____

On _____, before me, _____

(Date) (Notary's name)

personally appeared, _____, and provided to me

(Printed name of signer)

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 Kaunualii 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 * Kane'ohe, HI 96744	wccfao@hawaii.edu	(808) 235-7449

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FAO USE ONLY

Documents reviewed: _____ FAO Signature: _____