

California State University

Financial Aid and Scholarships Office **Tel:** 760.750.4850

Fax: 760.750.3047 <u>www.csusm.edu/finaid</u>

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student Name:	student ID
Option 1: Appear in Person	
	versity San Marcos Financial Aid Office to verify your identity by presenting ification (ID), such as, but not limited to, a driver's license, other state-
Statement of Educational Purpose	
This section must be completed in person with sta	ff from the Financial Aid Office.
I certify that I (Student's Name) Educational Purpose and that the federal student is and to pay the cost of attending California State	am the individual signing this Statement of financial assistance I may receive will only be used for educational purposes a University San Marcos for 2016-17.
Student Signature	Date
CSUSM Staff Signature	Date
	vide: A copy of the valid government-issued photo identification (ID) v, such as but not limited to a driver's license, other state-issued ID, or ducational Purpose provided below.
I certify that I (Student's Name) Purpose and that the federal student financial assi cost of attending California State University Sa	am the individual signing this Statement of Educational istance I may receive will only be used for educational purposes and to pay the an Marcos for 2016-17.
Student Signature	Date
Notary's Certificate of Acknowledgement	
State of	City/County of, personally ary's name), personally, and provided to me on basis of
On (Date), before me, (Not	ary's name), personally
satisfactory evidence of identification (Type of gov	vernment-issued photo ID provided) to be the above-named person who signed the foregoing instrument.
WITNESS my hand and official seal	Notary signature:
	My commission expires on (Date)