

Use black or blue ink only. You must present this form in person. If you cannot come in person, please complete page 2 with a certified notary and submit this form (with notary) to the address at the bottom of this form. Emailed and fax copies will not be accepted.

#### STUDENT INFORMATION

Last Name	First Name	МІ	UH ID Number

#### **IDENTITY**

Student must appear in person at University of Hawai'i - West O'ahu to verify his or her identity by presenting an unexpired valid government photo identification (ID), such as, but not limited to, a driver's license, other state issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

### STATEMENT OF EDUCATIONAL PURPOSE

— am the individual s	signing this <b>Identity and Statement of</b>					
ıcial assistance I may re	eceive will only be used for educational purposes					
and to pay the cost of attending the University of Hawai'i - West Oʻahu for the 2023-24 academic year.						
Date	UH ID Number					
	cial assistance I may r 'i - West Oʻahu for the	· 				

# OFFICE USE ONLY

Dec. would be	Data Bassi ad	
Document Type	Date Received	
Driver's License		
Passport		
State ID		
Other		
WOAED		Name of school official who obtained docum



# Notarized Statement of Identity & Educational Purpose

#### \*\*\* ONLY COMPLETE THIS PAGE (WITH NOTARY) IF YOU CANNOT APPEAR IN PERSON \*\*\*

TO BE SIGNED IN THE PRESENCE OF A NOTARY (please use blue or black ink)

If the student is unable to appear in person at **University of Hawai'i - West O'ahu** to verify his or her identity, the student must provide to the institution:

- 1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as but not limited to, a driver's license, other state-issued ID, or passport; and
- 2. The original Statement of Educational provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

# STATE OF EDUCATIONAL PURPOSE

certify that I, (Student name,	please print) am the	individual signin	g this <b>Identity and S</b>	statement of			
Educational Purpose and that the federal student financial assistance I may receive will only be used for educational							
ourposes and to pay the cost of attend	ding the <b>University of Hawa</b>	iʻi - West Oʻahu	for the 2023-24 acad	demic year.			
(Student Signature)		Date	UH ID Number				
ARY'S CERTIFICATE OF A	CKNOWLEDGEMEN	ΙΤ					
e of(Name of State)	City / County of		(Name of City / County)				
, before me	e,Not	ary's Name	perso	onally appeared			
(Printed Name of Signer)	, and presented to	d presented to me on a basis of satisfactory evidence of identification					
(Type of unexpired government issued ID p	to be the above-	named person who	o signed the <b>Statemen</b>	t of Educational			
pose and that this individual duly acknowl	ledged to me that they executed	d the same to be th	eir free will and deed.				
ness my hand and official seal.							
				(Seal)			
	(Notary Signature)	(Date	Commision Expires)				
ICE USE ONLY							