





\*\*\* 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

I certify that I, \_\_\_\_\_ am the individual signing this **Identity and 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 the **University of Hawai'i - West O'ahu** for the 2023-24 academic year.

(Student name, please print)

\_\_\_\_\_

(Student Signature)
Date
UH ID Number

### NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of \_\_\_\_\_ City / County of \_\_\_\_\_

(Name of State) (Name of City / County)

On \_\_\_\_\_, before me, \_\_\_\_\_ personally appeared

(Date) Notary's Name

\_\_\_\_\_, and presented to me on a basis of satisfactory evidence of identification

(Printed Name of Signer)

\_\_\_\_\_ to be the above-named person who signed the **Statement of Educational Purpose** and that this individual duly acknowledged to me that they executed the same to be their free will and deed.

(Type of unexpired government issued ID provided)

Witness my hand and official seal.

(Seal)

\_\_\_\_\_ (Notary Signature)
\_\_\_\_\_ (Date Commission Expires)

### OFFICE USE ONLY

\_\_\_\_\_

Name of school official who obtained document
Date