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

The student must appear in person at University of Hawai'i - West Oʻahu 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 an 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

I certify that I, (Student name, please print)	— am the individual si	gning this Statement of Educational Purpose					
(Student name, please plint)							
and that the Federal student financial 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 2024-25 academic year.							
(Student Signature)	Date	UH ID Number					

OFFICE USE ONLY

Document Type	Date Received	
Driver's License		
Passport		
State ID		
Other		
WOAED		Name of school official who obtained document



Notarized Identity and Statment of 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 apears 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

(Student name, please print)	am the individual signing this Statement of Educational		
Purpose and that the Federal student financial a	assistance I may receive will only be	used for educationa	al purposes and
to pay the cost of attending the University of F	Hawai'i - West O'ahu for the 2024-29	5 academic year.	
(Student Signature)	Date	UH ID Number	
TARY'S CERTIFICATE OF ACKNO	WLEDGEMENT		
tota of	City / County of		
rate of(Name of State)	City / County of	(Name of City / County)	
n, before me,	Notary's Name	pers	onally appeared
(Printed Name of Signer)	 , and proved to me because of satisfa 	ctory evidence of ider	ntification
(Type of unexpired government issued ID provided)	— to be the above-named person who	signed the foregoing	instrument.
litness my hand and official seal			
	(Notary Signature)		(Seal)
N	My commission expires on		
		Date	
FICE USE ONLY			