

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	MI	UH ID Number

IDENTITY

The 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 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 sig	gning this Statement of Educational Purpose
and that the Federa	I student financial assistance I may ree	ceive will only be used	for educational purposes and to pay the cost
of attending the Un	iversity of Hawaiʻi - West Oʻahu for the	e 2025-26 academic ye	ear.
(Stu	udent Signature)	Date	UH ID Number
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OFFICE USE ONLY

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

University of Hawaiʻi-West Oʻahu - Financial Aid Office

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91-1001 Farrington Hwy., Kapolei, HI 96707 | (808) 689-2900 | Toll Free: (966) 299-9656 | Fax: (808) 689-2901 Email: uhwo.finaid@hawaii.edu



*** 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

I certify that I, a (Student name, please print)	m the individual signing t	his Statement of Educational
Purpose and that the Federal student financial assistance I m	nay receive will only be us	ed for educational purposes and
to pay the cost of attending the University of Hawai'i - Wes	st Oʻahu for the 2025-26 a	academic year.
(Student Signature)	Date	UH ID Number

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

itate of (Name of State)		City / County of	(Name of City / County)
n(Date)	, before me,	Notary's Name	personally appeare
(Printe	d Name of Signer)	, and proved to me because of s	satisfactory evidence of identification
(Type of unexpired	government issued ID provided)	to be the above-named person	n who signed the foregoing instrument.
/itness my hand and of	ficial seal	(Notary Signature)	(Seal)

OFFICE USE ONLY

Name of school official who obtained document

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Date