



San Bernardino

Valley College

FINANCIAL AID OFFICE

## 2015-2016 Identity and Statement of Educational Purpose

Last Name

First Name

MI

Student ID

Date of Birth

**\*\*THIS FORM MAY NOT BE FAXED OR MAILED – MUST RETURN ORIGINAL IN PERSON TO THE FINANCIAL AID OFFICE\*\***

*(To be signed in person at the Financial Aid Office)*

I certify that I \_\_\_\_\_ am the individual signing this  
*(Print Student's Name)*

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 **San Bernardino Valley College** for the 2015-2016 academic year.

\_\_\_\_\_  
*(Student's Signature)*

\_\_\_\_\_  
*(Date)*

*If the student is unable to appear in person at San Bernardino Valley College to verify his or her identity, the student may request a Statement of Educational Purpose Form with a Notary's Certificate of Acknowledgement from the Financial Aid Office.*

### For Office Use Only

The student listed above has appeared, in person, at the San Bernardino Valley College Financial Aid Office with valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The identification was verified by the staff listed below and a photocopy is provided and attached to this form.

Verified by:

\_\_\_\_\_  
*(Staff's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*(Title)*

**WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to prison, or both.**