



San Bernardino
Valley College

FINANCIAL AID OFFICE

2016-2017 Identity and Statement of Educational Purpose

Last Name	First Name	MI	Student ID	Date of Birth
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****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 2016-2017 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 an unexpired 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.