



5500 University Parkway San Bernardino, CA 92407 University Hall Room 150

Tel: (909) 537-5227 Fax: (909) 537-7024

Identity Verification and Statement of Educational Purpose (To Be Signed at the Institution) 2017-2018 Academic Year

Student ID Number	-		
Last Name	First Name	_ Middle Initial	
The student must appear in person at California State University, San Bernardino to verify his or her identity by presenting a valid government-issued 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.			
In addition, the student must sign, in the presence of the institutional official, the following:			
Statement of Educational Purpose			
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			
California State University, San Bernardino for 2017-2018.			
(Student's Signature)	(Date)		
(Student's ID Number)	-		
Internal Office Use Only:			
☐ Valid government photo ID attached with date and name of reviewing Official.			
Staff Member Name	Date		

Return to:



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Identity Verification and Statement of Educational Purpose (To Be Signed with a Notary) 2017-2018 Academic Year

Student ID Number	_	
Last Name	First Name	Middle Initial
If the student is unable to appear in persor or her identity, the student must provide:	n at California State Ur	niversity, San Bernardino to verify his
(a) A copy of the valid government-issued statement below, such as but not limited to	•	,
(b) The original notarized Statement of Ed	ucational Purpose pro	vided below.
Stateme	ent of Educational Pu	rpose
I certify that I,(Print Student's Name)	, am the ind	ividual signing this Statement of
Educational Purpose and that the federal so for educational purposes and to pay the confor 2017-2018.		-
(Student's Signature)	(Date)	<u> </u>
(Student's ID Number) Notary's Ce	ertificate of Acknowle	edgement
State of City/	County of	
On, before me,		
(Date)	(Notary's nan	
personally appeared		and provided to me
(Printed name of		
on basis of satisfactory evidence of identifi		ernment-issued photo ID provided)
to be the above-named person who signed		
WITNESS my hand and official seal (Seal)		
	(Notar	ry signature)
My commission expires on(Dat	te)	