



California State University
Dominguez Hills
 Financial Aid Office
 1000 East Victoria Street
 Carson, CA 90747
 (310) 243-3691

Name: _____		
Last	First	MI
Student ID# _____		

2018-2019 Identity and Statement of Educational Purpose

Identity and Statement of Educational Purpose

You must appear in person at the CSUDH Financial Aid Office located in Welch Hall, Room B-250 to verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or U.S. passport. California State University, Dominguez Hills will maintain a copy of the photo ID, the date it was collected and the name of the Financial Aid Office staff member who collected it.

In addition, you must sign, in the presence of a CSUDH Financial Aid staff member, the following:

Statement of Educational Purpose

I certify that I _____ the individual signing this 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 Dominguez Hills for 2018-2019.

 Student’s Signature

 Date

Certification and Signature

Each person signing above certifies that all of the information reported is complete and correct.

<p>WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.</p>
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For Office Use Only

Valid ID Reviewed and Copied By:

 Financial Aid Office Staff

 Date

Type of valid ID reviewed: _____

Expiration Date: _____ Document Number: _____