



FINANCIAL AID OFFICE
 1000 East Victoria Street, WHB250
 Carson, California 90747
 (310) 243-3691

Name: _____	
Last	First
	MI
Student ID# _____	
	F20IEP

2019-2020 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 that is annotated with the date it was received and reviewed, and the name of the official authorized to review and review the ID.

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 _____ am 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 2019-2020.

 Student's Signature

 Date

Certification and Signature

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

WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

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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: _____