



2018-2019 Statement of Educational Purpose (V4)

Student Name _____ LACCD Student ID _____

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at _____ to verify his or her identity
(Name of Postsecondary Educational Institution)
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 passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

Statement of Educational Purpose

I certify that I _____ am
(Print Student's Name)

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

_____ for 2018-2019. *(Name of Postsecondary Educational Institution)*

(Student's Signature) *(Date)*

(Student's ID Number)

Certification and Signature

By signing this form, I certify that all the information reported on this form is complete and correct. I understand that I must submit any required documents and forms as noted above, based on our circumstances, before the student's financial aid file may be ready for review. I also understand that false statements and/or misrepresentations on this form may result in fines, sentencing to jail, loss of financial aid eligibility, and/or required repayment of financial aid already received.

Student's Signature *Date*

Financial Aid Office Use Only:

Reviewed and approved by: _____
Date _____

