

## 2017-2018 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

<b>Must be completed in person at:</b> Cal Poly Financial Aid Office Administration Building 1 Grand Avenue, Room 212 San Luis Obispo, CA 93407-0201	Student Last Name:
	Student First Name:
	Phone #: <span style="float: right;">EMPL ID#:</span>

IMPORTANT: Submit as soon as possible. Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for review. If awarded FWS, SEOG, or Perkins, documents must be submitted no later than June 30, 2017 to avoid potential cancelation of those funds. In all circumstances, for any aid, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

The Department of Education has selected your FAFSA for review in a process called Verification. You must appear in person and present one of the following documentation to the Cal Poly Financial Aid Office to verify your identity.

*For Office Use Only*

  
  
  
  
  
  
  
  
  
  

*Initials* \_\_\_\_\_

**Acceptable Documentation:**

A valid government-issued photo identification:

- Driver's License / Identification Card
- Passport / Military ID
- Other government issued photo identification \_\_\_\_\_

### To Be Signed at Cal Poly San Luis Obispo

The student must appear in person at Cal Poly Financial Aid Office located in the Administration Building at 1 Grand Avenue on the second floor, Room 212, 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 Statement of Educational Purpose,  
(Print Student's Name)  
 and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending CAL POLY SAN LUIS OBISPO for the 2017-2018 academic year.

\_\_\_\_\_  
 Student's Signature *\*Witness Required: Sign in front of Financial Aid Staff*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Financial Aid Staff Signature (Required)

\_\_\_\_\_  
 Date