

UH ID Number/Username

Last Name	First Name	M. I.	Phone Number (include area code)		
process, we will be compa must ask you for this inforr application information and your information will be rep	ring information from your FA mation before awarding finan d verification documents sub- processed. gn this worksheet. We canno	AFSA application icial aid. If there a mitted, correction	ocess called 'Verification'. In this with this document. The law says we are differences between your s will be made to your application and assing your financial aid application until		
Complete verification as so Office at (808) 932-7449 if		delays with your	financial aid. Contact the Financial Aid		
VERIFICATION OF IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE – Complete Section A OR B.  A. I, the student, am able to appear in person at the University of Hawaii at Hilo Financial Aid Office to verify my 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. A copy of my identification will be retained by the Financial Aid Office.					
Please sign the Official:	following Statement of Edu	ucational Purpos	se in the presence of a Financial Aid		
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 b used for educational purposes and to pay the cost of attending the University of Hawaii at Hilo for 2019-2020.					
(Student's Si			(Date)		

OVER

В.	I, the student am <u>NOT</u> able to appear <u>in person</u> at the University of Hawaii at Hilo Financial Aid Office to verify my identity. I have provided BOTH of the following:				
	(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport.				
	(b) The original notarized Statement of Educational Purpose provided below.				
	I certify that I, am the individual signing this Statemer				
	Educational Purpose and that the federal student financial assistance I may receive				
	be used for educational purposes and to pay the cost of attending the University of Hawa				
	Hilo for 2019-2020.				
	(Student's Signature) (Date)				
	(Student's ID				
	NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT  State of:				
	City/County of:				
	On, before me,(Print Notary's Name),				
	personally appeared,, and provided me on basis				
	of satisfactory evidence of identification(Type of government-issued photo ID provided)				
	to be the above-named person who signed the foregoing instrument.				
	(Notary Signature) WITNESS my hand and official seal				
	My commission expires on:(Date) (Seal)				