



#### **V4 Dependent Identity and Statement of Educational Purpose (To Be Signed In Person at the Institution)**

The student must appear in person at SANTA CLARA UNIVERSITY to verify his or her 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 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 – Sign with BLUE ink.**

I certify that I \_\_\_\_\_ am the individual signing this  
(Student name as it appears on Santa Clara University student records)

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 2024–2025 at SANTA CLARA UNIVERSITY.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID Number)

#### **Certification and Signature – Sign with BLUE ink**

##### **Certification and Signature**

Each person signing below certified that all of the Information reported is complete and correct.

**WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.

\_\_\_\_\_  
Print Student's Name as it appears on Santa Clara University student records

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Print Staff Member Name: \_\_\_\_\_

Acceptable Documents

Date Received: \_\_\_\_\_

Unacceptable Documents

Signature of Staff Member: \_\_\_\_\_