



**V4 Independent Identity and Statement of Educational Purpose  
(To Be Signed in the Presence of a Notary)**

If the student is unable to appear in person at SANTA CLARA UNIVERSITY to verify his or her identity, the student must provide to the institution:

(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver’s license, other state-issued ID, or passport; and

(b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

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.

**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

\_\_\_\_\_  
Student’s ID Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse’s Signature (Optional)

\_\_\_\_\_  
Date

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(Date) (Notary name)

personally appeared, \_\_\_\_\_, and provided to me on  
(Printed name of signer)

basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**Witness my hand and official seal** \_\_\_\_\_ (Seal)  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

**FOR OFFICE USE ONLY**

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

Acceptable Documents

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

Unacceptable Documents

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