

# Identification & Educational Purpose Form

**2025-2026** (Fall 2025, Spring 2026, Summer 2026)



Office of Financial Aid  
UNIVERSITY OF COLORADO BOULDER

Name: \_\_\_\_\_  
Student's Name (Last, First, M.I.)

ID: \_\_\_\_\_  
Student Identification Number (SID)

This form must be completed **in person** at the Office of Financial Aid at the University of Colorado Boulder. A valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport is required.

## Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational  
(Print Student's Name)

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 the University of Colorado Boulder for 2025-26.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Counselor's Certificate of Acknowledgement

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

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Counselor's name)

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

of satisfactory evidence of identification \_\_\_\_\_ to be the  
(Type of government-issued photo ID provided)

above-named person who signed the foregoing instrument.

\_\_\_\_\_  
(Counselor signature)

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

**Counselors: Make a copy of the government-issued photo ID. On the copy, write the date then print and sign your name.**

This form must be completed and submitted in person: Regent Administrative Center, 175