

Identification & Educational Purpose Form



Office of Financial Aid
UNIVERSITY OF COLORADO BOULDER

2024-2025 (Fall 2024, Spring 2025, Summer 2025)

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 2024-25.

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