



**Center for Student Financial Aid  
California State University, Los Angeles**

5151 State University Drive, SA 124  
Los Angeles, CA 90032-8402  
Phone: (323) 343-6260  
Fax: (323) 343-3166

**2017-2018**  
02/2017

For office use only:

**Identity and Statement of Educational Purpose**

_____	_____	_____	_____
Last Name	First Name	M.I.	Campus Identification Number (CIN)
_____			_____
Address (include apt no.)			Date of Birth
_____	_____	_____	_____
City	State	ZIP Code	Phone Number (include area code)

The student must appear in person at the California State University, Los Angeles Center for Student Financial Aid to verify his or her identity by presenting 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the financial aid official, the following:

**Statement of Educational Purpose**

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 be used for educational purposes and to pay the cost of attending California State University, Los Angeles for 2017-18.

**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:**

Financial Aid Staff: \_\_\_\_\_ Date Verification Completed: \_\_\_\_\_