

**V4 Dependent 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, **(Student Name as it appears on Santa Clara University student records)** _____, 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 for 2025-2026 at SANTA CLARA UNIVERSITY.

Certification and Signature - Sign with BLUE Ink

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: _____

Parent's Signature (Required): _____

Date: _____

Notary's Certificate of Acknowledgement

On **(Date)** _____ in the **State of** _____ and
City/County of _____, before me, **(Notary name)**
 _____, personally appeared **(Printed name of signer)**
 _____. This person provided to me on 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:** _____**Date Received:** _____**Signature of Staff Member:** _____ Acceptable Documents Unacceptable Documents