



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 _____ 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 2025–2026 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

Parent's Signature (Required)

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: _____