

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE
2025 - 2026

Please complete one of the following Identity and Statements of Educational Purpose Sections. Review your To-Do List in Cardinal Station and your Missing Information Letter for additional required documents.

Student Information

Last Name

First Name

M.I.

Student ID Number

Identity and Statement of Educational Purpose (Presented In Person)

The student must appear in person at **The Catholic University of America** to verify his or her identity by presenting an **unexpired** 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 reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose AND
(Print Student's Name)

the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **The Catholic University of America** for 2025 – 2026.

(Student's Signature)

(Date)

NOTE: signatures must be hand-generated. Computer fonts unacceptable.

School Use Only

I certify that I have met this student in person and collected his/her valid, **unexpired** government-issued ID and the Statement of Educational Purpose.

FINANCIAL AID OFFICIAL

Please sign and clearly print your name.

_____/_____/_____
DATE OF RECEIPT

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

SUBMIT THIS FORM IN-PERSON AT THE ADDRESS BELOW:

IN-PERSON
Office of Student Financial Assistance Father O'Connell Hall, Suite M300 620 Michigan Ave. NE, Washington, D.C. 20064

Last Name

First Name

Student ID Number

Identity and Statement of Educational Purpose (Signed in the Presence of a Notary then Mailed)

If the student is unable to appear in person at **The Catholic University of America** 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, such as but not limited to a driver’s license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page then the Statement of Educational Purpose, there must be a clear indication that the Statement of Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the
(Print Student’s Name)
Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **The Catholic University of America** for 2025 - 2026,

(Student’s Signature)

(Date)

**NOTE: signatures must be hand generated.
Computer fonts unacceptable.**

Notary’s Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me,
(Date)

(Notary’s name)

personally appeared, _____, and provided to me on basis of satisfactory
(Printed name of signer)

evidence of identification _____ to be the above-named person who signed the
(Type of unexpired government-issued photo ID provided)

foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)

School Use Only

I certify that I have received the notarized Statement of Educational Purpose and reviewed the copy of his/her valid government-issued ID; and that both documents were received in the mail together.

FINANCIAL AID OFFICIAL –
Please sign and clearly print your name.

_____/_____/_____
DATE OF RECEIPT

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

**CLEAR COPY OF UNEXPIRED VALID US GOVERNMENT ISSUED IDENTIFICATION
MUST BE INCLUDED AND MAILED WITH THIS NOTARIZED ORIGINAL FORM TO THE ADDRESS BELOW**



Office of Student
Financial Assistance

MAIL
Student Financial Assistance
Fr. O’Connell Hall, Suite M300
620 Michigan Ave NE, Washington, D.C. 20064