



Print Student Name \_\_\_\_\_

OLLU ID# \_\_\_\_\_

## Financial Aid Office & Student Employment Office

### 2024-2025 STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION OF IDENTITY

The student must appear in person at the Our Lady of the Lake University Financial Aid Office to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID). In addition, the student must sign, in the presence of an OLLU Financial Aid Administrator, the Statement of Educational Purpose provided below.

#### Statement of Educational Purpose

By affixing my signature, I certify that I \_\_\_\_\_ am  
(Print Student's Name)

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 Our Lady of the Lake University for the 2024–2025 academic year.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID Number)

If the student is unable to appear in person at the Our Lady of the Lake University Financial Aid Office 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 presented to a notary and acknowledged in the notary statement below; and
- b) the original Statement of Educational Purpose, which must be notarized.

**See next page for Financial Aid Administrator or Notary Public Certification.**

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student OLLU ID #

**IF SUBMITTING IN PERSON**

Present this form with original unexpired valid government-issued photo ID

**To be completed by OLLU Financial Aid Administrator**

ID Type \_\_\_\_\_

ID Number \_\_\_\_\_

Exp. \_\_\_\_\_

FAA Name \_\_\_\_\_

FAA Title \_\_\_\_\_

FAA Signature \_\_\_\_\_

**IF SUBMITTING BY MAIL**

Send this notarized form with a photocopy of the unexpired valid government-issued photo ID to:

*Our Lady of the Lake University, ATTN: Financial Aid Office, 411 S.W. 24<sup>th</sup> Street, San Antonio, Texas 78207*

**To be completed by Notary Public**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and proved to me  
(Printed name of signer)

because of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo-ID provided)

to be the above-named person who signed the foregoing instrument, the OLLU Statement of Educational Purpose.

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

(SEAL)