



2025-2026 IDENTITY CONFIRMATION  
AND STATEMENT OF  
EDUCATIONAL PURPOSE FORM

FINANCIAL AID OFFICE

Mailing Address: Palo Verde College  
One College Drive, Blythe, CA 92225

Email: financialaid@paloverde.edu  
Ph: 760-921-5559 | 921-5553 | 921-5465

STUDENT NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

- The student must appear **in person** at **PALO VERDE COLLEGE** to verify his or her identity by  
(Name of Postsecondary Educational Institution)  
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 by the institution 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.

I certify that I, \_\_\_\_\_, am the individual signing this **Statement of**  
Print Full Name  
**Educational Purpose Form** and that the financial assistance I receive will only be used for educational purposes and to pay the cost of attending Palo Verde College, for the 2025-2026 academic year.

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

*For office use only:*

In my presence, the student has:

\_\_\_\_\_ signed the *Statement of Educational Purpose Form* and has provided the following valid form of identification:

\_\_\_\_\_ Federal or State ID Card \_\_\_\_\_ State Driver's License \_\_\_\_\_ Passport \_\_\_\_\_ Other Valid ID

a copy of the student's ID is attached to this document for our records.

- or the student was unable to appear in person. The student has submitted the following documents:

\_\_\_\_\_ Notarized *Statement of Educational Purpose Form* and provided a copy of the following valid form of identification.

\_\_\_\_\_ Federal or State ID Card \_\_\_\_\_ State Driver's License \_\_\_\_\_ Passport \_\_\_\_\_ Other Valid ID

FA Authorized Staff Name (*Please Print*): \_\_\_\_\_ Title/Position: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: STUDENTS WHO PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS FORM MAY BE FINED, SENTENCED TO JAIL OR BOTH. ALL FINANCIAL AID APPLICATIONS (WORK-STUDY COMPENSATION, GRANTS, SCHOLARSHIPS, SPECIAL FUNDS, SUBSIDIES, PRIZES, ETC) ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR AGE. FOR INQUIRIES REGARDING NON-DISCRIMINATION POLICIES OR PRACTICES CONTACT THE KANDUS LECHAUSSE, EEOC SPECIALIST, PALO VERDE COLLEGE, ONE COLLEGE DR, BLYTHE, CA 92225 PHONE: 760-921-5541 EMAIL: KANDUS.LECHAUSSE@PALOVERDE.EDU**

**2025-2026 Identity Confirmation and Statement of Educational Purpose Form (To be signed in the presence of a Notary)**

If the student is unable to appear in person at Palo Verde College to verify his or her identity, the student must provide:

- (a) A copy of the 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.

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual  
Printed Student Name  
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 Palo Verde College for 2025-2026.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

**Notary's Certificate of Acknowledgment**

State of \_\_\_\_\_

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

On \_\_\_\_\_, before me, \_\_\_\_\_  
Date Notary's Name

personally appeared \_\_\_\_\_ and proved to me on  
Printed Name of Signer

the 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

Notary's Commission Expires On \_\_\_\_\_  
Date