Office of Financial Aid, 1111 Eighth Street, San Francisco, CA 94107

STUDENT INFORMATION

*Typed signatures cannot be accepted.

P: 415.703.9528 F: 415.551.9261 finaid@cca.edu

Statement of Educational Purpose

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected by the U.S. Department of Education for a required review called verification. The Financial Aid Office is required to obtain the following documents prior to finalizing your Title IV financial aid awards. You may complete this form in **one of two options below**:

(1) present original documents for photocopy and validation in person directly through the Financial Aid Office (*Limited Drop-In Hours), OR (2) utilize a Notary Public Official to certify the presentation and photocopy of your original documents, upload the original notarized page AND copies of documents used in Workday, then mail in the original form to the Financial Aid Office (Please see instructions on Page 3).

Name:	Student ID Number:			
Date of Birth://///	YYYY)	Phone Number: ()	-
B. REQUIRED DOCUMENT	ATION Plage	Chaolz Ona		
SUBMISSIONS OPTIONS	REQUIRED DOCU			
☐ Option 1 (Presenting original documents for photocopy and validation IN PERSON directly through the Financial Aid Office)	 UNSIGNED State An unexpired valid limited to: Driver's li Non-drive 	ment of Educational Pur government-issued photo cense; r's Identification Card; e-Issued ID; or		
☐ Option 2 (Utilizing a Notary Public Official to certify the presentation and photocopy of your original documents) *Please upload both this form AND the original ID in Workday for review, then mail in this original form to Financial Aid Office (Please see Page 3).	 NOTARIZED Sta An unexpired valid limited to: Driver's li Non-drive 	tement of Educational Progovernment-issued photo cense; r's Identification Card; e-Issued ID; or	-	
C. IDENTITY AND ELIGIBI Option 1: Present Origi			Financial	Aid Office
The student must appear in person at the Final present a valid unexpired government-issued *If you are planning to visit the office IN-P. *If you are utilizing a notary service, please	ancial Aid Office at Califo photo identification (ID) ERSON, please contact t	ornia College of the Arts S directly to a school officia the Financial Aid Office a	San Francisco Ca al (Please see Se	ampus (80 Carolina) to ection B.)
I certify that I,(print student's ful		, am the indiv	idual signing th	is statement, and I am
(print student's ful providing a copy of my original documents a bearing my portrait (or likeness) directly to the student financial assistance I may receive will College of the Arts for 2023-2024.	long with a copy of a value of the Financial Aid Office for	d unexpired government-in the Statement of Educat	issued photo ide ional Purpose a	entification card nd that the Federal
Student Signature (STOP! *To be signed at Fin	nancial Aid Office)	Student ID Number		Date
Each person signing this form certifies that a	Il the information reporte	d on it is complete and cor	rect.	

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

Option 2: Use a Notary Service to Certify the Presentation/Photocopy of Original Documents

I certify that I,		, am the individual signing this statement, and I am
	(print student's full name	
bearing my portrait (c student financial assis College of the Arts fo	or likeness) directly to the Fina stance I may receive will only or 2023-2024.	ith a copy of a valid unexpired government-issued photo identification card ncial Aid Office for the Statement of Educational Purpose and that the Federal be used for educational purposes and to pay the cost of attending California
Student Signature (S7	OP! *To be signed in front of N	otary Public Official) Student ID Number Date
	OF ACKNOWLEDGMENT NOTARY OFFICIAL SEAL	
State of	City/County	of
On	, before me,	(Notary's printed name)
Personally appeared	ed,(printed	
who proved to m whose name(s) is me that he/she/th and that by his/h upon behalf of w	e on the basis of satisfactors/are subscribed to the withing executed the same in hier/their signature(s) on the	y evidence to be the person(s) n instrument and acknowledged to s/her/their authorized capacity(ies), instrument the person(s), or the entity tecuted the instrument. Person(s) also
	ENALTY OF PERJURY under the foregoing paragraph is true.	der the laws of the State of the and correct.
Notary Public Sig	gnature:	
My Commission	Expires:	
Each person signing t	his form certifies all the inform	nation reported is complete and correct. *Typed/e-signatures cannot be accepted.

This original form, complete with notary and wet signatures, must be mailed to CCA prior to processing. Please follow the mailing instructions on page 3.

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

FOR FINANCIAL AID OFFICE & STUDENT SERVICES USE ONLY				
□ ID Type Used:	REVIEWED & VERIFIED BY:			
☐ ID Expiration Date:	Name:			
☐ ID Copied and Sent to the Financial Aid Office	Position Title:			
	Signature:			
	Reviewed Date://			

Instructions: Mailing the Original Statement of Educational Purpose with Wet Signatures

Per U.S. Department of Education, the Financial Aid Office is required to collect and store the original hard copy of your Statement of Educational Purpose form.

If you have utilized a Notary Public Official to certify the presentation and photocopy of your original documents, please complete the following:

- 1. Upload into Workday the original notarized form with wet signatures AND a copy of your unexpired valid government-issued photo identification (ID) used.
- 2. Mail in the original notarized form with wet signatures to the Financial Aid Office at the address below:

California College of the Arts ATTN: Financial Aid Office 1111 Eighth Street San Francisco, CA 94107

If you have any questions, please feel free to reach out to our office at finaid@cca.edu or 415-703-9528.