



Saint Martin's  
UNIVERSITY

**Return this form to:**

Office of Financial Aid  
Old Main 250

Email: [Finaid@stmartin.edu](mailto:Finaid@stmartin.edu)

Phone: (360) 688-2150

Upload via Secure Dropbox:



Saint Martin's

Student ID #: 000

Example: 000123456

Student Last Name

First Name

M.I.

## 2024-2025 Identity/Educational Purpose Verification Worksheet (V4 AND/OR V5)

The student **MUST** appear in person to the Saint Martin's Office of Financial Aid to verify their identity by presenting a 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 the name of the official at the institution authorized to collect the student's ID.

### IDENTITY INFORMATION

The valid government issued documentation below was presented in person and reviewed by the staff member below.  
(NOTE: We cannot accept Military ID.)

☐ Driver's License ☐ United States Passport ☐ State Identification Card ☐ Other: \_\_\_\_\_

**\*A photo-copy of the Identification (front and back) must be completed.**

I certify that the copy above is a true and accurate representation of the student's government issued identification.

Financial Aid Staff Signature

Date

### STATEMENT OF EDUCATIONAL PURPOSE

(To Be Signed at the Office of Financial Aid)

The student must sign, in the presence of the institutional official, the following:

I certify that I (Print Student Name) \_\_\_\_\_ am 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 Saint Martin's University for 2024-2025.

(Student's Signature)

(Date)

000

(Student's ID Number)

Office of Financial Aid Use Only:

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Global Comments in PFAIDS: \_\_\_\_\_