



**C. Identity and Statement of Educational Purpose (To Be Signed at the Institution)** \_\_\_\_\_  
(Receiving School Official's Name, Signature and Date)

The student must appear in person at Tulane University Financial Aid office to verify his or her 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 by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the following English or Spanish Statement:

**Statement of Educational Purpose:** I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

*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 Tulane University for 2021-2022.

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

**Declaración de Propósito Educativo:** Certifico que yo, \_\_\_\_\_, soy el individuo que firma esta  
[Imprimir Nombre del Estudiante]

Declaración de Finalidad Educativa y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Tulane University para 2021-2022.

\_\_\_\_\_  
[Firma del Estudiante] [la Fecha] [Número de Identificación del Estudiante]

**Identity and Statement of Educational Purpose (To Be Signed With Notary):** If the student is unable to appear in person at Tulane University 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 (in English or Spanish) provided below.

**Statement of Educational Purpose:** I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

*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 Tulane University for 2021-2022.

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

**Declaración de Propósito Educativo:** Certifico que yo, \_\_\_\_\_, soy el individuo que firma esta  
[Imprimir Nombre del Estudiante]

Declaración de Finalidad Educativa y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Tulane University para 2021-2022.

\_\_\_\_\_  
[Firma del Estudiante] [la Fecha] [Número de Identificación del Estudiante]

**Sample of a Notary's Certificate of Acknowledgement** *Notary's certification may vary by State*

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

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

On \_\_\_\_\_, before me, \_\_\_\_\_,

(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and proved to me

(Printed name of signer)

on 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)

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

**D. Other Information to Be Verified If Applicable**

1. Complete this question if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2018 or 2019 calendar years. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

I the student certify that \_\_\_\_\_, one of the persons listed in Section B of this worksheet, received SNAP benefits in 2018 or 2019. If asked by the student's school, we will provide documentation of the receipt of SNAP benefits during 2018 and/or 2019.

2. Complete this question if the student or spouse, who is a member of the student's household, paid child support in 2019.

The student or spouse, who is a member of the student's household, paid child support in 2019. List below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2019 for each child. If asked by the school, we will provide documentation of the payment of child support, **such as a copy of the separation agreement or divorce decree showing the amount of child support to be provided, a signed statement from the individual receiving the child support certifying the amount of child support received, or copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.** *If you need more space, attach a separate page that includes the student's name and last four digits of their Social Security Number at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2019

**E. Certifications and Signatures**

Each person signing this worksheet certifies that all of the information reported on this worksheet is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

***You should make a copy of this worksheet for your records.***

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Final four digits of Student's Social Security Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date ver. 10/8/20

**Submit this worksheet to:** Tulane University Financial Aid, 6823 St. Charles Avenue, Room 205, Building 14, New Orleans, LA 70118

**Or**

**Upload this form to:** <https://finaidforms.tulane.edu/Home/Account/Login>