

Financial Aid/EOPS Office ◆2277 Napa-Vallejo Hwy ◆ Napa, CA 94558 Main (707) 256-7301 ◆ Toll Free (800) 826-1077

2024-2025 V4 Verification Packet

Student ID #	Date of Birth			
Student Legal Name				
Mailing Address			Apartment/Space #	
City		State	_Zip	
Cellular Phone #		Home Phone #		
Email Address				

Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Napa Valley College 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 acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

(Print Studer	-	n the individual signing this		
Statement of Educational Purpose and	that the Federal stude	nt financial assistance I may receive will only nding Napa Valley College for 2024-2025.		
	_			
Student's Signature	Date	Student's ID #		
Notary Certif	icate of Ackr	nowledgement		
State of				
City/County of				
	re me,			
(Date)		(Notary's name)		
		, and proved to	o me	
(F	Printed name of si	gner)		
because of satisfactory evidence o	f identification			
	•	Type of unexpired government-issue ohoto ID provided)	d	
to be the above-named person wh	•	•		
WITNESS my hand and official sea	nl .			
(Seal)		(Nictory signature)		
M		(Notary signature)		
My commission expires on				
	(Date)			