**V4** 

## **Identity and Statement of Educational Purpose**

You, the student must appear in person at East Central College to verify your 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. East Central College will maintain a copy of your photo ID that is annotated with the date it was received & reviewed & the name of the official at the institution authorized to collect your ID. In addition, you must sign, in the presence of the institutional official, the following Satement of Educational Purpose.

ONLY to be signed AT THE INSTITUTION or I	n the presence of a Notary	Public			
AUTHORIZED COLLEGE OFFICIAL:		STUDENT:			
Copy student unexpired, valid government-issued photo ID AT THE TIME of their signing the Statement & annotate that copy with your name and the date verifying student identity. You may place it below & make a copy:  AUTHORIZED OFFICIAL NAME  DATE	I certify that I am the individual signing this Educational Purpose and tha financial assistance I may red for educational purposes and	Statement of Educational Purpose  I certify that I			
	(Student's Signature)	attending East Central College for 2020-21  (Student's Signature)			
	(Date)	Student ID# (required)			
if you're unable to be present at East Central College: Not If you, the student, are unable to appear in person at East Central College: A copy of the unexpired, valid government-issued photo identification or that is presented to a notary, such as but not limited to, a driver (b) The original Statement of Educational Purpose provided above, we separate page than the Statement of Educational Purpose, there me Purpose was the document notarized.	ege to verify your identity, you must providention (ID) that is acknowledged in the notare's license, other state-issued ID, or passporty hich must be notarized. If the notary state nust be a clear indication that the Statement	e: y statement ;; and ement appears on t of Educational			
THIS STATEMENT & COPY OF ID MUST BE SUBMITTED TO State of City/County of	On /-l-+-\	hatara ma			
(Notary's name), personally proved to me on basis of satisfactory evidence of identifit to be the above-named person who signed the foregoing	appeared,(signer)cation (type of ID)	, and			
WITNESS n	ny hand and official seal				
(Notary signature)	•				
My commission expires on (Date)		(seal)			

	0-21 ON WORKSHEET				V4	
LAST NAME	FIRST NAME	STUDENT ID#	BIRTHDATE	SOC. SEC. #	PHONE #	
Submit to the Financial Aid Office in-person, at your campus, or via email, fax, or mailing address listed at the bottom of this page within 30 days after notification. If more space is neeeded for any line item on this form, provide a separate page that includes the student's name and ID # at the top.						
Certification & Signature						
EACH PERSON SIGNING CERTIFIES	x		x			
THAT ALL OF THE INFORMATION	STUDENT SIGNATURE	DATE	PARENT SIG	NATURE (if a dep. student)	DATE	
REPORTED IS COMPLETE & CORRECT	Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.					