

LAST NAME

FIRST NAME

2025-2026 Verification Worksheet

V4

PHONE #

SOC. SEC. #

Identify and Statement of Educational Purpose

Only to be signed AT THE INSTITUTION or in the presence of a NOTARY PUBLIC

Submit to the Financial Aid Office in person, at your campus, or via email, fax, or mailing to 1964 Prairie Dell Road, Union, MO 63084 within 30 days after notification. If

BIRTHDATE

STUDENT ID#

more space is needed for any line item on this form, provide a separate page that includes the student's name and ID# at the top.

AUTHORIZED COLLEGE OFFICIAL			STUDENT	
Copy student unexpired, valid government-issued photo ID ATTHE TIME of their signing the Statement of Educational Purpose and annotate that copy with your name and the date verifying student identify. You may place it below and make a copy.			You, the student must appear in person at East Central College to verify your identity by presenting an unexpired valid government-issued proto 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 and the name of the official at the institution authorized to collect your ID. In	
AUTHORIZED OFFICIAL NAME	DATE		addition, you must sign, in the presence of the institutional official, te following Statement of Educational Purpose.	
INSTRUCTIONS TO AUTHORIZED COLLEGE OFFICIAL: Place ID here and copy BEFORE student signs.			Statement of Educational Purpose I certify that I,	
			Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending East Central College for 2025-2026. STUDENT'S SIGNATURE	
		<u> </u>		
If you are unable to be present at East Central College: Notary's Certificate of Acknowledgement (below)				
notary, such as, but not limited to a dri b) The original Statement of Educational	nment-issued photo identificat iver's license, other state-issued I Purpose provided above, whi	tion (ID) d ID, or p ich must	that is acknowledged in the notary statement or that is presented to a	
THIS STATEMENT & COPY OF ID MUST BE SUBMITTED TO EAST CENTRAL COLLEGE IN ORIGINAL PAPER FORM				
State ofCity/County ofon (date)before me, (Notary's name),				
personally appeared, and proved to me on basis of satisfactory evidence of identification.				
(signer) (type of ID) to be the above-named person who signed the foregoing instrument.				
WITNESS my hand and official seal.				
(Notary Signature)				
My commission expires on (Date)			(SEAL)	
Certification & Signatures: Each person signing below certifies that all of the information reported is complete and correct. Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.				
XSTUDENT SIGNATURE	DATE			