



Solano Community College
Office of Financial Aid

2014-2015 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student Name _____

Student ID # _____

Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

The student must appear in person at **Solano Community College** to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to; a driver's license, State-issued ID, or passport to the **Financial Aid Office**.

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. In addition, the student must sign, **in the presence** of the institutional official, the following:

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 Solano Community College for 2014-2015.

(Student's Signature)

(Date)

(Student's ID Number)

Attn: Faxed copies will not be accepted. Originals must be submitted.

OFFICE USE ONLY

Verified by: _____

Accepted Denied Delayed

Date: _____

Comment: _____



Solano Community College
Office of Financial Aid

Identity and Statement of Educational Purpose
(To Be Signed With Notary)

If the student is unable to appear in person at Solano Community College 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 provided below.

Statement of Educational Purpose

I certify that I _____ 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 **Solano Community College** for 2014-2015.

(Student's Signature) (Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____
City/County of _____
On _____, before me, _____,
(Date) (Notary's name)

Personally appeared, _____, and provided to me on basis of satisfactory evidence of identification _____
(Printed name of signer) (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)

Attn: Faxed copies will not be accepted. Originals must be submitted.