

2023 – 2024 IDENTITY/STATEMENT OF EDUCATIONAL PURPOSES

Student Information

Name:

CWID:

You must complete sections A and B below, and have an option on sections C and D as follows:

• Section C - must be completed by an authorized Collin College Financial Aid staff member. Fill out the Student Information section above, then take proof of your identity and this form to your campus and have the Financial Aid staff member complete section C.

Or, if you are not able to get to a campus:

Section D – Fill out the Student Information section above, then take proof of identity and this form to a Notary and have the Notary complete section D. Note: You MUST provide the school with this original signed form (via mail) WITH the Notary Acknowledgement. We CANNOT accept a copy. You must also provide copies (front and back) of your ID as noted in A below.

A: Identity

You must appear in person and present the following documentation to an authorized Collin College Financial Aid staff member to verify your identity.

If you are unable to appear in person, you must provide a **<u>copy</u>** (front and back) of the following documents with this form that has been notarized as described in the instructions above:

- A valid, unexpired, government-issued photo identification, such as, but not limited to the following:
 - Driver's license
 - State issued identification (non-driver's license)
 - > Passport

| Office use only: | | | | | |
|------------------|-----------|-------|-------------------------------------|--------------|-------------|
| Aid Year: | _ Campus: | Date: | RRAAREQ Code : <u>EDSTMT</u> | Status Code: | _ Initials: |

| B. Statement of Educational P | Purpose |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| I certify that I | am the individual signing this dent's printed name) |
| (Stud | dent's printed name) |
| | ose and that the federal student financial assistance I may receive al purposes and to pay the cost of attending |
| | for 2023-2024. |
| (Name of Postseco | ondary Institution) |
| Student's Signature | Date |
| C. (School Use) Verification a | and Signature |
| , 0 | I am an authorized representative of this school and that I have ation document(s) submitted by the student. |
| Note : A copy of the student's vafile. | alid government issued ID(s) has been made and placed in the student's |
| Identification documents were pr | resented by the student to me on this date:/ |
| Authorized School Official's Prir | nted Name Title |
| Signature | |
| D. Notary's Certificate of Ack | nowledgement |
| State of | |
| City/County of | |
| On | , before me,, (Notary's Printed Name) , |
| | |
| personally appeared | , and proved to me or (Student's Printed Name) |
| | |
| | identification |
| basis of satisfactory evidence of i | identification (Type of government-issued ID provided) |
| basis of satisfactory evidence of i to be the above-named person w | ho signed the foregoing instrument. |
| basis of satisfactory evidence of i to be the above-named person w | |