

2023-2024 V4 - CUSTOM VERIFICATION

(Summer Term 2023 - Spring Term 2024)

Student Last Name	Student First Name
Student ID#	Date of Birth

Confirmation of Identity and Statement of Educational Purpose

DO NOT COMPLETE THIS FORM IN ADVANCE

This statement must be completed and signed in the presence of either a CCC Financial Aid Administrator or a Notary Public. Present valid, unexpired government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I,	, am the individual	, am the individual signing this Statement of t Name)	
(Pri	nt Student Name)		
•	that the Federal student financial assistance oses and to pay the cost of attending Clacka		
Student Signature	Date	Student ID#	
Received/verified by:	Date:		
IF SUBMITTING BY MAIL Send this form with a photocopy	y of valid government-issued photo ID. To be completed by Notary Public		
State of:			
City/County of:			
This instrument was acknowledged bef	fore me on:		
ID Type: (include clear photocopy of	front and back)		
Notary Signature:			
(Notary Seal)			

Check your myClackamas email for correspondence and Financial Aid <u>Self-Service</u> for your Award Offer. Office of Financial Aid and Scholarships – 19600 Molalla Avenue, Oregon City, OR 97045 Phone: 503-594-6082 – Fax: 503-722-5864 – email: <u>finaid@clackamas.edu</u> – <u>www.clackamas.edu</u>