

2024-2025 V4 - CUSTOM VERIFICATION

(Summer Term 2024 – Spring Term 2025)

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

Confirmation of Identity and Statement of Educational Purpose

This form cannot be submitted electronically, original signatures are required. Submit in person, or mail or mail (if completed in front of a Notary Public).

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 individ | , am the individual signing this Statement of | |
|--|---|---|--|
| (P | rint Student Name) | | |
| Educational Purpose and | d that the Federal student financial assist | ance I may receive will only be | |
| used for educational pur | poses and to pay the cost of attending Cl | ackamas Community College for | |
| 2024-2025. | | , , | |
| | | | |
| | | | |
| Student Signature | Date | Student ID# | |
| Received/verified by: | Date: | | |
| | Date | | |
| IF SUBMITTING BY MAIL | | | |
| Send this form with a photocopy of valid government-issued photo ID. | | | |
| | | | |
| To be completed by Notary Public | | | |
| | | | |
| | | | |
| State of: | | | |
| City / County of: | | | |
| | | | |
| This instrument was acknowledged be | efore me on: | | |
| ID Type: (include clear photocopy c | of front and back) | | |
| | | | |
| State of Issue: | Expiration Date: | | |
| Notary Signature: | | | |
| | | | |
| | | | |
| (Notary Seal) | | | |

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>