



INSTRUCTIONS: The student must appear in person and present the following documentation to an authorized **Seattle Central Colleges Financial Aid Team member**, to verify their identity by presenting an unexpired valid government-issued photo identification such as, but not limited to, a driver's license, non-driver's identification card, other state-issued identification, or U.S. passport. The institution will maintain an annotated copy of the unexpired valid government-issued photo identification that includes the date it was received and the name of the institutionally authorized individual who reviewed the identification.

Student Information

Last Name: _____ First Name: _____

SSN: _____ CTCLink ID: _____

You must sign, in the presence of the institutional official or Public Notary, the Statement of Educational Purpose provided below.

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 Seattle Central College for 2023-2024.

Student Signature: _____ Date: _____

Financial Aid Staff Use Only Witnessed by: _____ Date: _____

If you are unable to appear in person at Seattle Central College to verify your identity, you must provide the following items to SCC:

1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
2. The original Statement of Educational Purpose provided above, which must be notarized on this page.
3. Mail the **original** notarized form and a copy of your ID to: **Seattle Central College Financial Aid Office**
1701 Broadway Seattle, WA 98122

Notary use only

SUBSCRIBED AND SWORN before me this _____ day of _____, 20_____.

I certify that I know or have satisfactory evidence that (*name of person*) _____ is the person who appeared before me, and said person acknowledged that he/she signed the Statement of Educational Purpose and acknowledged it to be his/her free and voluntary act for the use and purpose mentioned in this instrument.

(Signed) _____ Notary

Public in and for the State of _____

(Print) _____ Commission

Expiration Date: _____

Official seal here

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student's Signature _____ Date _____ Parent's Signature _____ Date _____