

Financial Aid Office PO Box 38 Wentworth NC 27375 Phone: 336.342.4261 ext. 2203 Fax: 336.342.1809 Email: finaid@rockinghamcc.edu

## # 91 **Identity and Statement of Educational Purpose**

## To be Signed in the Presence of a Notary If the student is unable to appear in person at (Name of Postsecondary Educational Institution) to verify his or her identity, the student must provide to the institution: (a) 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 (b) The original Statement of Educational Purpose provided below, which much be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized. **Statement of Educational Purpose** am the individual signing this Statement of Educational (Print Student's Name) 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 (Name of Postsecondary Educational Institution) (Student's Signature) (Date) (Student's ID Number) **Notary's Certificate of Acknowledgement** \_\_\_\_\_City/County of:\_\_\_\_\_ State of: , personally appeared, (Date) \_\_\_\_\_, and provided to me on the basis of satisfactory evidence of (Printed Name of Signer) to be the above-named person who signed the (Type of Unexpired Government-Issued Photo ID Provided) foregoing instrument.

WITNESS my hand and official seal (Seal)

(Notary Signature)

My commission expires on \_\_\_\_

(Date)