



Office of Financial Aid
1988 Newmark Avenue
Coos Bay, Oregon 97420
Phone: 541.888.7352 fax 541.888.7492
Email: fao@socc.edu | website: www.socc.edu

Student's Name: _____ Student ID #: _____

Identity and Statement of Educational Purpose
(To Be Signed with Notary)

If you are unable to appear in person at Southwestern Oregon Community College to verify your identity, you must provide:

- a) A copy of your valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- b) The original notarized Statement of Education Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of
(Print Student's Name)
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 _____ for 2024-2025.
(Name of Postsecondary Educational Institution)

(Student's Signature) (Date) (Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____ City of _____
On _____, before me, _____,
(Date) (Notary's name)
personally appeared _____ and proved to me on basis of
(Printed name of signer)
satisfactory evidence of identification, _____
(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary signature)
My commission expires on _____
(Date)