



Office of Financial Aid
1988 Newmark Avenue
Coos Bay, Oregon 97420
Phone: 541.888.7352 fax 541.888.7247
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 2021-2022.
 (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)