

2025-2026 V4 - CUSTOM VERIFICATION

(Summer Term 2025 – Spring Term 2026)

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,	(Delet Otesland Name)	, am the individual signing this Statement of		
Educational Purpose	and that the Federal stud	lent financial assistanc	e I may receive will only be amas Community College for	
Student Signature		Date	Student ID#	
Received/verified by:	Date:			
To be completed by Notary Public				
City / County of				
This instrument was acknowledge ID Type: (include clear photoco	ed before me on:			
State of Issue: Notary Signature:	Ex	xpiration Date:		

(Notary Seal)