



2016-17 Identity and Statement of Educational Purpose

IMPORTANT:

This statement must be completed and signed in the presence of either a GSC Staff Member or a Notary Public.

DO NOT COMPLETE THE FORM IN ADVANCE.

I certify that I, (Print Student Name) _____, 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 Granite State College for 2016-2017.

Student's Signature: _____

Date: _____ GSC ID#: _____

The student **MUST** appear in person at Granite State College to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID. Staff Name: _____ Date: _____

If the student is unable to appear in person at Granite State College to verify his or her identity, the student must provide:

- A) A copy of the 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 Educational Purpose (as seen above).

To be completed by Notary Public:

State of _____ City/Country of _____

On _____, before me, _____
Date Notary's Name

personally appeared, _____ and provided to me on basis of satisfactory evidence of identification
Printed Name of Signer

_____ to be the above-named person who signed the foregoing instrument.
Type of ID Provided

Witness my hand and official seal



Notary Signature

My commission expires on (Date)

DO NOT FAX OR EMAIL FORM. Notarized forms must be MAILED to the Office of Financial Aid Granite State College 25 Hall Street Concord, NH 03301

Official Seal