

2023-2024 Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

The student must appear in person at Columbia-Greene Community College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below. If the student is unable to appear in person at Columbia-Greene Community College to verify his or her identity, the student must provide:

- (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, which is provided below, must 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 o	of Education	al Purpose		
I certify that I	I am the individual signing this Statement of Educational Purpose and that the Federal				
student financial assistance I	I may receive will only	y be used for educa	tional purposes and to	pay the cost of attending	
	Columbia-Greene	e Community College	e for 2023-2024.		
(Student's Signa	iture)		Date)	(ID Number)	
	-	ertificate of K			
		City/County of			
On(Date)	, before me,	(Notary'	s Name)	, personally appeared,	
			·	y evidence of identification	
(Printed Name of sign	gner)	-		-	
(Type of Government issued pho		e the above-named	person who signed th	ne foregoing instrument.	
WITNESS my hand and official sea	al				
(Seal)		(Notary Signature!)			
		My commis	sion expires on	(Date)	
				Internal Use Only	
Signature of witnessing staff mem	- la - u	Date	HS Proof Date	Initials ID	