

## **IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE**

Stude	ent Name:		Student LOLA ID #: Email Address:	
Telep	hone Number:			
A. I	IN PERSON (Make sure that student's ID is on all submitted documents)			
identi <b>phot</b> o	ification (ID), such as, but not o ID that is annotated with th	limited to, a driver's license, other s	o verify his or her identity by presenting a valid go tate-issued ID, or passport. CLTCC will maintain a e of the official at the institution authorized to co icial or Notary, the following:	a copy of the student's
[	☐ Proof of high school equiv	TION: (CLTCC Staff use only - Check walency school transcript that shows the date		
Сору	of document received. Date	received:Accepto	ed by:	
		Statement of F	ducational Purpose	
the Fe	ederal student financial assist		am the individual signing this Statement of Ed for educational purposes and to pay the cost of a nessed by a Notary.)	
Date	Student's Signature	Date	Staff Witness Initials	
	Office to verify his or her iden copy of the valid governm to a driver's license, other	tity, the student must provide both i	that is acknowledged in the notary statement be	
		Notary's Certificate	e of Acknowledgement	
State	of	City/County of	On (Date)	, before me
	ry's name),		personally appeared (printed name of	Signer),
issued			on basis of satisfactory evidence of identificatio to be the above-named person who signed the	
WITN	IFSS my hand and official seal		My commission expires on	
	, nana ana ometa sea	Notary Signature	, co	Date