



2024-25 Statement of Identity and Educational Purpose

Student Name (print): _____

S#: _____ Phone: _____

Student E-mail: _____

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Form must be completed in blue or black ink. Failure to accurately complete this form may result in a delay of processing or change of financial aid eligibility. Additional documentation may be requested. Read instructions carefully before completing.

Section 1: Identity

MUST BE COMPLETED & SIGNED AT THE FINANCIAL AID OFFICE

If unable to appear in person at the Financial Aid Office, you must complete this section with a notary and provide a copy of an unexpired government issued, photo ID

You must appear in person at _____ Financial Aid Office to verify your
(Name of Institution)

identity by presenting a valid unexpired 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 your photo ID.

Type of documentation submitted: _____

Designated institutional official: _____
(School official's printed name)

Mailing Address: Campus Box 206 | P.O. Box 173363 | Denver, CO 80217

Statement of Identity and Educational Purpose

S#: _____

Section 2: Statement of Educational Purpose

MUST BE COMPLETED & SIGNED AT THE FINANCIAL AID OFFICE

If unable to appear in person at the Financial Aid Office, you must complete this section with a notary

In addition, you must sign, in the presence of the institutional official, the following:

I certify that I _____ am the individual signing this
(Student's printed name)

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

_____ for 2024-2025.
(Name of institution)

Student Signature: _____ Date: _____

Notary Section Instructions: Please Read

This section should only be completed if you are unable to appear in person at the institution with a designated official. This form (the original on which the seal is visible) should be mailed to the Financial Aid Office at your institution along with the copy of the government-issued identification.

Notary's Certificate of Acknowledgment

State of _____ City/County of _____

On _____, before me _____
(Date) (Notary's name)

Personally appeared _____ and proved to me on the basis of
(Printed name of signer)

Satisfactory evidence of identification _____ to be the above-named
(Type of unexpired govt-issued ID)

My commission expires on _____, 20 _____

Notary (Print): _____

Notary (Signature): _____

(Seal)