



Financial Aid Office

2022-2023 VERIFICATION WORKSHEET V4 - Witnessed

Student Informatio	n		
Last Name	First Name	M.I.	Social Security Number
Identity Verification	1		
	erson with my valid government-issue he Financial Aid Office staff will make	•	river's license, state identification
,	erson to sign the statement below. (St		ent in front of a Financial Aid Office
Statement of Edu	cational Purpose – MUST BE W	VITNESSED BY A FINA	NCIAL AID STAFF MEMBER
. ,	valid government-issued photo idention, such as, but not limited to, a drive	` '	•
AND			
(b) The original O	fficial Witnessed Statement of Educa	itional Purpose provided	d below.
Statement of Education	onal Purpose		
	nt of Educational Purpose and that educational purposes and to pay t		
Student signature		Date	CTC Link ID
otadent signature		Date	OTO LIIIK ID
Witnessing Financial A	id Staff Member's Signature	Date	
Sign the Workshee	t		
	form certifies that all the information ndent) must sign and date.	reported on it is comple	ete and correct. The student (and at
Student Name	Signatur	e	Date
Parent Name	Signatur	e	Date