



SOUTH SEATTLE COLLEGE 2025-2026 Statement of Educational Purpose and Identity Verification

Email: financialsouth@seattlecolleges.edu
Tel: 206-934-5317

INSTRUCTIONS: You must appear in person with an authorized **South Seattle College Financial Aid Team member**, to verify your identity by presenting an unexpired, 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 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.

Student Information

Last Name: _____ First Name: _____

ctcLink ID: _____

You must sign this section, in the presence of the institutional official or Public Notary, the Statement of Educational Purpose provided below.

I certify that I _____ 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 South Seattle College for 2025-2026.

Student Signature: _____ Date: _____

Financial Aid Staff Use Only Witnessed by: _____ Date: _____

If you are unable to appear in person at South Seattle College to verify your identity, you must provide the following items to SSC:

1. 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
2. The original Statement of Educational Purpose provided above, which must be notarized on this page.
3. Mail the **original** notarized form and a copy of your ID to: South Seattle College Financial Aid Office
6000 16th Ave, Seattle, WA 98106

Notary use only - SUBSCRIBED AND SWORN before me this _____ day of _____, 20____.

I certify that I know or have satisfactory evidence that (*name of person*) _____ is the person who appeared before me, and said person acknowledged that he/she signed the Statement of Educational Purpose and acknowledged it to be his/her free and voluntary act for the use and purpose mentioned in this instrument.

(Signed) _____

Notary Public in and for the State of _____

(Print) _____

Commission Expiration Date: _____

Official seal here