

Financial Aid Office

2023-2024 VERIFICATION WORKSHEET V4- V5- Notarized

Student Information			
ast Name	First Name	M.I.	Social Security Number
dentity Verification			
Statement of Educa	tional Purpose – MUST	BE WITNESSED BY A N	NOTARY PUBLIC
	d government-issued photo such as, but not limited to, a	. ,	acknowledged in the witnessed ate-issued ID, or passport
(b) The original Offici	al Witnessed Statement of I	Educational Purpose prov	rided below.
Statement of Education	al Purpose		
I certify that I			am the individual signing thi
statement of Educational	Purpose and that the federa	I student financial assista	nce I may receive will only be used for
educational purposes and	to pay the cost of attending	South Seattle College fo	or 2023-2024.
Student signature		Date	ctcLink ID
Witnessing Notary Signature		Date	
Notary's Certificate of A	cknowledgement		
State of		City/County of	
On	, before me,		, personally appeared,
(Date)	and pro	(Notary's name) Wided to me on basis of s	atiefactory avidance of
(Printed name of sign			
identification		to be the abo	ve-named person who signed the
(Type of g foregoing instrument.	overnment-issued photo ID provided)	
WITNESS my hand and c	fficial seal		
(Notary Signature)			
My commission expires of	n	(seal)	

I am appearing in person with my valid government-issued photo identification (driver's license, state identification card, or passport). The Financial Aid Office staff will make a copy.

I am appearing in person to sign the statement. (Student must sign statement in front of a Notary Public)

Sign the Worksheet

Each person signing this form certifies that all the information reported on it is complete and correct. The student (and at least one parent-if dependent) must sign and date.

Student Name	Signature	
Parent Name	Signature	Date