

Office of Financial Aid

2019-2020 Statement of Educational Purpose/ Verification of Identity Form

The purpose of this form is to verify your identify and for you to provide a signed statement of educational purpose. Please complete this document in person at the Financial Aid Office. If you are unable to provide this information in person, you must provide the following to the Financial Aid Office by US Mail, for guestions, call 717.691.6007:

- A copy of the unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state issued ID (not by a state college or university), or passport; **and**
- This original notarized statement of educational purpose form signed by the student.

Student Information	n	
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Last Name		First Name	M.I.	Messiah Colle	ge Student ID
Date of Birth	Home Phone Number	Student's E-	mail		
Statement of E	Education Purpose				
I certify that I	(Print Student's Name)	am the individual s	signing this State	ment of Educa	tional Purpose an
	ah College for 2019-2020.	nay receive will only be	used for educati	onal purposes	and to pay the co
Student's Signature	(if notarized, sign in presence of	notary public) Da	ate		
If Submitting I	n Person (to be completed	d by Financial Aid staf	f)		
ID Type (present orig	ginal document in person-need a	copy for our records)	ID Numb	 er	Expiration Date
Financial Aid Staff N	lame Financial A	id Staff Signature	Title		Date
If Submitting b	oy Mail - Notary's Certifica	te of Acknowledgeme	nt		
State of		City/County of _			
On(Date)	, before me,	(Notary's na	mal	, pe	ersonally appeare
(Date)		(Notary's ha	•	tiefactory ovido	nce of identificati
(Print	ted name of signer)	, and proved to me o	ii tile basis oi sa	iisiaciory evide	nce of identification
(Type of unexpired g	government-issued photo ID prov	to be the above-n	amed person wh	o signed the fo	regoing instrume
WITNESS my ha	and and official seal				
	(seal)		(Nota	ry Signature)	
		My con	nmission expires		Date)
				(Dale)