



**Student Financial Services  
2017-2018**

**Statement of Educational Purpose & Certification of Identity  
DO NOT COMPLETE THIS FORM IN ADVANCE**

**OPTION 1:** Appear in person at the Student Financial Services Office of Columbia College with a **valid government-issued photo identification**, such as (but not limited to) a driver's license, other state-issued ID, or passport.

**OPTION 2:** Have this form notarized to verify your identity. You are required to present a valid government-issued photo identification, such as (but not limited to) a driver's license, other state-issued ID, or passport. **Notarized forms will be reviewed only if they are mailed in. Faxed information will not be accepted.**

**Statement of Educational Purpose**

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 Columbia College for 2017-2018.

Print Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's ID #

\_\_\_\_\_  
Date

**OPTION 1**

**OPTION 2**

**TO BE COMPLETED BY  
AN AUTHORIZED CC  
STUDENT FINANCIAL SERVICES  
STAFF MEMBER**

The ORIGINAL document presented to verify the student's identity is:  
Driver's Lic. / State I.D. / Military I.D. / Passport / Other: \_\_\_\_\_

I verify that I am an authorized CC Student Financial Services staff member and have seen the original and **attached a copy** of the documentation.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**NOTARY'S CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_

Date Notary's Name

Personally appeared, \_\_\_\_\_

Printed name of signer

and proved to me on basis of satisfactory evidence of identification, \_\_\_\_\_,

Type of government-issued photo I.D. provided

to be the above-named person who signed the foregoing instrument.

Notary's Signature \_\_\_\_\_

My commission expires on \_\_\_\_\_

Date

**WITNESS my hand and official seal**  
(seal)

**MAIL NOTARIZED FORM  
AND COPY OF I.D. TO:**  
Columbia College  
Financial Aid Office  
11600 Columbia College Dr.  
Sonora Ca 95370

**\*\*Faxed documents will not be accepted\*\***