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|  | ***Office of Financial Aid***  DeKalb Campus –Bldg. A  Room 163: Fax: 404-294-6290  Newton Campus- Bldg. A  Room 214: Fax: 770-784-2475 | Identity and Statement of Educational Purpose **2017-18 School Year** |

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # 900\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You are required by the Department of Education to identify yourself and sign the below Statement of Educational Purpose.

You can: 1) appear in person at Georgia Piedmont Technical College to verify your identity and sign the statement **or** 2) if unable to appear in person you must sign the statement, attach a copy of a government-issued photo identification (ID) to this form, such as a driver’s license, other state-issued ID, or passport and have this form notarized before mailing to one of our offices at the addresses below: **This form cannot be faxed.**

DeKalb Campus: 495 North Indian Creek Drive, Clarkston, GA. 30021

Newton Campus: 16200 Alcovy Road, Covington, GA. 30014

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the individual signing this

(Print Student’s Name)

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 Georgia Piedmont Technical College for 2017-18.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Administrator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary’s Certification of Acknowledgement: (Please have this notarized before mailing if unable to appear in person)**

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

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

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

(Date) (Notary’s Name)

personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and provided to me

(Printed name of signer)

on basis of satisfactory evidence of identification, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Type of government-issued photo ID provided)

To be the above-named person who signed the forgoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(seal) (Notary signature)

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

(Date)