IDSEP



**Identity and Statement of Educational Purpose 2024-2025** 

If you need assistance completing this form please contact the Financial Aid Office at (585) 345-6900 or <u>financialaid@genesee.edu</u>

## Student Name: \_\_\_\_\_

ID/SSN:

Date:

You must appear at Genesee Community College to verify your identity by presenting a valid, unexpired governmentissued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID or passport. We will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official at Genesee Community College to collect the student's ID. In addition, **you must sign, in the presence of a Genesee Community College Representative**, the following:

\_\_\_\_\_

## In-Person Statement of Educational Purpose

I certify that I (Student's name) \_\_\_\_\_\_ 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 Genesee Community College for 2024-2025.

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

If you are unable to appear in person at Genesee Community College to verify your identity, then you must provide both:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID or passport; and
- (b) The original notarized Statement of Educational Purpose provided below:

## Not In-Person Statement of Educational Purpose

I certify that I (Student's name) \_\_\_\_\_\_ 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 Genesee Community College for 2024-2025.

| Student Signature:                          |                | Date:   |
|---|----------------|---|
| Notary's Certificate of Acknowled           | dgement        |   |
| State of                                    | City/County of | on (Date),                                    |
| before me (Notary's name),                  |                | personally appeared                           |
|   |                | , and provided to me on basis of satisfactory |
| evidence of identification                  |                | to be the above-named person                  |
| who signed the foregoing instrur            | nent.          |   |
| WITNESS my hand and official seal<br>(seal) |                | Notary Signature:                             |
| My commission expires on                    |                | (date)  |

Note: Please attach a copy of the valid government-issued photo ID used by the notary to this form!