

# 2024–2025 Identity/Statement of Educational Purpose Verification Worksheet

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Your application was selected for review in a process called verification. In this process, we are required by federal law to compare the information from your FAFSA application with the information provided on this form. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office. We cannot process your financial aid until verification has been completed.

Complete this form and return it to: CC Financial Aid Office, 600 Centralia College Blvd., Centralia, WA, 98531-4099

**Phone:** 360.623.8975 **Fax:** 206.970.1051 **Email:** ccfinancialaid@centralia.edu

## Student Information

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\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
ctcLink ID

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy format)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

## Identity Verification & Statement of Educational Purpose

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I am appearing in person at Centralia College with my unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The Financial Aid Office is required to maintain a date stamped and initialed copy of my ID with my financial aid file.

I am unable to appear in person at Centralia College, therefore I am attaching a notarized copy of my unexpired valid government-issued photo identification (ID), such as, but not limited to, my driver's license, other state-issued ID, or passport.

## Statement of Educational Purpose

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I am appearing in person to sign the statement below (**must be signed in presence of Financial Aid staff and contain a wet signature**).

I am unable to appear in person, therefore I am submitting the notarized statement of educational purpose. Centralia College does not reimburse for any fees associated in the notarizing process.

Student's Name: \_\_\_\_\_ ctcLink ID: \_\_\_\_\_

**Statement of Educational Purpose - MUST BE FILLED OUT IN PERSON AT FA OFFICE OR WITH NOTARY**

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I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Name)  
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 Centralia College for 2024-2025.

\_\_\_\_\_  
(Student's Signature) (ctcLink ID) (Date)

**Notary Section for Statement of Educational Purpose - MUST BE FILLED OUT IN FRONT OF NOTARY**

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*Notary use only*

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

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

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and proved to me  
(Printed name of signer)

because of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo ID provided)

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

WITNESS my hand and official seal  
(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

**FA Staff use only:** ID provided Issues w/identity? Notary used? Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ ctcLink ID: \_\_\_\_\_

**Certification and Signature**

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I certify that all of the information reported on this worksheet is complete and correct.

***Warning: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (required for dependent)      Date

**Why we need your Social Security number:** Disclosure of your social security number is mandatory to apply for federal student aid, under Section 484(a)(4)(B) of the Higher Education Act of 1965, as amended. The college uses your social security number to match your records with the Free Application for Federal Student Aid, to identify you and to process payments.