

## **Student Financial Services**

500 Rutherford Avenue, Charlestown MA 02129 Phone:(617)873-0403 Fax:(617)242-0028 Email: SFSdocuments@cambridgecollege.edu Certification of Identity and Statement of Educational Purpose 2018-2019

## This form must be signed in the presence of a Cambridge College Office of Student Financial Services staff member or a Notary Public (below). Do not complete this form in advance!

The student must appear in person at Cambridge College to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Cambridge College will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at Cambridge College authorized to collect the student's ID.

In addition, the student must sign, in the presence of th	e institutional official, the following	Statement of Educational	Purpose:
I certify that I	am the individual signing this	s Statement of Educatio	nal Purpose
(Print Student's Name)			
and that the federal student financial assistance I r	nay receive will only be used for	r educational	
purposes and to pay the cost of attending Cambrid	dge College for 2018-2019.		
Student's Signature	Student ID	Date	
➤ If the student is unable to appear in person at submit to The Office of Student Financial Sec (a) A copy of the valid government-issued statement below, such as but not limited (b) The original notarized Statement of E	vices the following documentated photo identification (ID) that to a driver's license, other state-	tion: is acknowledged in the r issued ID, or passport; a	notary
The student must sign, in the presence of a Notar	y, the following Statement of E	ducational Purpose:	
I certify that I,			
the cost of attending Cambridge College for 2018	2019.		
Student's signature	Student's ID number	Date	
Notary's Certificate of Acknowledgement - If star	te mandated, must include Nota	ary Public seal	
State of	City/County of		
On, before me, (Date) personally appeared,		<b>,</b>	
(Date)	(Notary's name)		
(Printed name of signer)	, an	id provided to me	
on basis of satisfactory evidence of identification			
on basis of satisfactory evidence of identification	(Type of government-issued p	hoto ID provided)	Notary Seal
to be the above-named person who signed the for			
seal			
seal(Notary signature)			
My commission expires on	(Date)		
Do not fax or email this form if seal is embossed.	Please present this form in pers	son or mail to address al	oove.
☐ Original student signature viewed by Student Financial	Services Staff.		
Name: Initials:	Date Witnessed:		