

Original form must be mailed to:

Mail: HCC Financial Aid 606 West Main Highland, KS 66035

Faxed forms will not be accepted. Phone: 785-442-6000 ext. 2002

2024-2025 Verification of Identity & Statement of Educational Purpose

(To Be Signed in the presence of an HCC Employee or a Notary Public)

| dent Information | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|
| Last name | First Name | Middle Initial | Date of Birth |
| Identity and Statement of Educational Purpose (To Be Signed at the Institution) | | | |
| You, the student, <u>must appear in person at High</u> unexpired valid government-issued photo identifical issued ID, or passport. The institution will maintain the date it was received and reviewed, and the nar student's ID. | ation (ID), such as, bu a copy of the student | t not limited to, a driver's lice 's photo ID that is annotated | nse, other state- by the institution with |
| In addition, the student must sign, in the presence provided below. | of the institutional offi | cial, the Statement of Educa | tional Purpose |
| | atement of Educa | | |
| If you are unable to appear in person at Highlar to the institution: | nd Community Colle | ge to verify your identity, you | ı must provide |
| (a) A copy of the unexpired valid government-iss statement below, or that is presented to a nota or passport; and | • | · · | · · · · · · · · · · · · · · · · · · · |
| (b) The original Statement of Educational Purpo | se provided below, w | hich must be notarized. | |
| Stateme | nt of Educational | Purpose | |
| I certify that I(Print Student's Name) | am the individual signing this Statement of Educational | | |
| Purpose and that the Federal student financial ass to pay the cost of attending Highland Community C | | | ational purposes and |
| (Student's Signature) | (Date) | (Student's ID Number) | |
| Notary's Cer | tificate of Acknow | wledgement | |
| State of | | | |
| | | | _ |
| | | | |
| City/County of | | | |
| On, before me, | (Notary's name) | | |
| On, before me, | (Notary's name) | | - , because of |
| City/County of, before me, | (Notary's name) | , and proved to me | |
| City/County of, before me, | (Notary's name) | , and proved to me | |
| City/County of, before me, | (Notary's name) | , and proved to me | |
| City/County of, before me, On, before me, (Date) personally appeared, (Printed name of signer) satisfactory evidence of identification (Type of un | (Notary's name) | , and proved to me | |
| City/County of, before me,, before me, | (Notary's name) | , and proved to me | |

(Date)